



Tolland Soccer Club
"PLAY WITH PRIDE"
3V3 SOCCER TOURNAMENT

2008

TOURNAMENT APPLICATION

NAME OF TEAM: _____

Level of play (check each appropriate box):

<input type="checkbox"/> Girls (August 23rd)	OR	<input type="checkbox"/> Boys (August 23rd)
<input type="checkbox"/> Recreational (Division V)	OR	<input type="checkbox"/> Classic or Travel (Division IV/III)
Age Division:	<input type="checkbox"/> U9	<input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14
Jersey Color:	Alternate Color:	
All players are required to have an Alternate jersey OR pinny		

Contact information:

Contact Name:	
Address:	
Home phone:	Cell phone:
Email:	
Email is our primary means of communication for the tournament. Please double check your information.	

Roster information:

5 Players Maximum – 1 Team per Player

Name	Birth date	Street	City, ST, Zip

Certification: Signing below certifies to the best of your knowledge players are registered with CjSA (through your local club) and that all players are age appropriate for the Age Division you are entering.

Signed - Contact: _____ Date: _____

Mail the following before: August 1st, 2008 <input type="checkbox"/> Tournament Application/Roster (this form) <input type="checkbox"/> Fee payable to: Tolland Soccer Club \$125.00 (U11 – U14); \$100.00 (U9 & U10) <input type="checkbox"/> Medical Release Forms	Mail to: Bob Jenkins, Tournament Director 5 Doe Run Tolland, CT 06084
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