

The Lacey Soccer Club 2009 Labor Day Memorial Tournament

Dates: Saturday (Girls) – September 5th & Sunday (Boys) – September 6th, 2009

(Raindate: Monday – September 7th, 2009)

TOURNAMENT APPLICATION

AGE GROUP: 09/10 U- _____
(Circle) BOYS OR GIRLS

CLUB AND TEAM NAME _____

HEAD COACH _____ PHONE # HOME _____

ADDRESS _____ CELL # _____

EMAIL ADDRESS _____

ASSISTANT COACH _____ PHONE # HOME _____

ADDRESS _____ CELL # _____

EMAIL ADDRESS _____

JERSEY COLORS _____ ALTERNATE COLORS _____

LEAGUE _____ LEVEL OF LEAGUE COMPETITION _____

LEVEL OF COMPETITION REQUESTED: PREMIER _____ "A" _____ "B" _____

TEAM HISTORY (Required) Team Season Record: (Fall & Spring)

Spring 09 Record: W _____ L _____ T _____ State Cup: Y _____ N _____ Place _____

Fall 08 Record: W _____ L _____ T _____ State Cup: Y _____ N _____ Place _____

Team Tournament Record

Tournament	City/State/Country	W	L	T

Your State Roster is Not Required with this Application BUT must be Presented at the time of Team Registration with the teams State 2009/2010 Validated Roster Form and Player Cards

Club Check or Money Order – No Personal Checks Payment: U11 – U14 \$295.00

U8 – U10 \$250.00

Will your team be: _____ Commuting _____ Staying Over

Head Coach Signature

Mail Application and Payment to:
Lacey Soccer Club – P.O. Box 946 – Forked River, NJ 08731

MUST BE RECEIVED BY AUGUST 1, 2009