Chesapeake Cup Soccer Tournament
April 3, 2010
Individual Team Application Form
Deadline: March 6, 2010

Name of Team_____ Age Group U-_____

If U-12: please circle requested team size 8v8 11v11

Level of Play (circle one): A B

Name of Club _____ Boys ___ Girls_____

League_____ State Association_____

Team Colors
Jersey_____ Shorts_____ Alternate_____

Please provide us with a recent team history:

League Play

Season/Year	League	Age Group/Division	Standing
Fall 2009			
Spring 2009			

Tournament Play

Season/Year	Tournament	Age Group/Division	Standing

Coach:
Name _____
Address_____
_____
Phone (H)_____
(W)_____

e-mail_____

Manager:
Name _____
Address_____
_____
Phone (H)_____
(W)_____

e-mail_____

Coach/Manager Signature: _____ Date: _____

Mail completed application and check for $350.00 (U-9, U-10 & U-11 teams, or U-12 teams playing 8v8) or $375.00 (U-12 teams playing 11v11 and U-13 thru U-19 teams) payable to the: **"Chesapeake Cup**" before the March 6, 2010 deadline to:

Chesapeake Cup
c/o Jeff Privett
18 Nahide Drive
Elkton, Maryland 21921
410-920-8032
jprivett21@comcast.net