

Cecil Fall Blast Soccer Tournament

November 19, 2011

Individual Team Application Form

Deadline: October 19, 2011

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

<u>Season/Year</u>	<u>League</u>	<u>Age Group/Division</u>	<u>Standing</u>
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Fall 2010	_____	_____	_____
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Spring 2011	_____	_____	_____
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Tournament Play

<u>Season/Year</u>	<u>Tournament</u>	<u>Age Group/Division</u>	<u>Standing</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Coach:

Name _____

Address _____

Phone (H) _____

(W) _____

e-mail _____

Manager or Team Contact:

Name _____

Address _____

Phone (H) _____

(W) _____

e-mail _____

Coach/Manager Signature: _____ Date: _____

Mail completed application and check for \$400.00 (U-9 & U-10 teams), or \$425.00 (U-11 thru U-14 teams) payable to the: "Cecil Fall Blast" before the October 19, 2011 deadline to:

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