

Cecil Fall Blast Soccer Tournament

November 20, 2010

Individual Team Application Form

Deadline: October 20, 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

<u>Season/Year</u>	<u>League</u>	<u>Age Group/Division</u>	<u>Standing</u>
Spring 2010	_____	_____	_____
Fall 2009	_____	_____	_____

Tournament Play

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

Coach: _____ Manager: _____
Name _____ Name _____
Address _____ Address _____

Phone (H) _____ Phone (H) _____
(W) _____ (W) _____

e-mail _____ e-mail _____

Coach/Manager Signature: _____ Date: _____

Mail completed application and check for \$350.00 (U-9 & U-10 teams), or \$375.00 (U-11 thru U-16 teams) payable to the: "Cecil Fall Blast" before the October 20, 2010 deadline to:

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