

INSTRUCTIONS: Please submit one application per team. Enter information in the blanks provided and select a response for each of the questions. When you are done, click on the submit button at the bottom of the form. You will be given the option to use email to send the application to the tournament coordinators. If you would rather send the application by mail, your application information will be displayed in a format that you can print, and an address will be provided for you to mail the printed application. After you submit the application, you can return to this page so that you can submit an application for another team if you need to do so.

Entry fee is \$395 for all age levels **due by June 18, 2009**.

Please send the registration form and check (payable to Gates Youth Soccer) to:

Gates Youth Soccer
Tournament Registration
161 Donna Marie Cir
Rochester, NY 14606
(585) 520-2439

Print out these forms and fill in the requested information. Mailing information is included in the form.

DIVISION REQUESTED : (CHECK ONE - ONE APPLICATION PER TEAM)

BOYS

GIRLS

TEAM STRENGTH (CHECK ONE)

U-9	_____	U-9	_____	STRONG	_____
U-10	_____	U-10	_____	AVERAGE	_____
U-11	_____	U-11	_____	COMPETITIVE	_____
U-12	_____	U-12	_____		
U-13	_____	U-13	_____		
U-14	_____	U-14	_____		
U-15	_____	U-15	_____		
U-16	_____	U-16	_____		
U-17	_____	U-17	_____		
U-19	_____	U-19	_____		

TEAM UNIFORM COLORS :

SHIRT _____ ALTERNATE SHIRT COLOR _____
 SHORT _____

TEAM NAME : _____

CLUB/ASSOCIATION : _____

TEAM COACH : _____

ADDRESS : _____

PHONE NUMBER : _____

EMAIL ADDRESS: _____

PERSON TO RECEIVE FUTURE TOURNAMENT INFORMATION :
 NAME : _____

ADDRESS : _____

EMAIL ADDRESS: _____

PHONE NUMBER : _____

Tournament Weekend CELL Phone: _____

TEAM DIVISION (2009) : _____

TEAM DIVISION (2008) : _____

TEAM DIVISION (2007) : _____

PAST TOURNAMENT/DIVISION RECORDS

Available to play on Friday Night
OTHER COMMENTS : Special request for scheduling considerations must be made here. We cannot guarantee we can honor all requests but we will do our best to accommodate legitimate requirements.

YES _____ NO _____

OFFICIAL USE ONLY		
DATE RECEIVED	_____	ACCEPTED
WAITING LIST	_____	NOT ACCEPTED
REFUND DATE	_____	