



22nd Annual McDonalds Invitational Soccer Tournament April 19-20, 2008

APPLICATION FORM

TEAM INFORMATION:

Team Name: _____ Team Home City: _____

Division: 1 2 3 Classic Premier Challenge

(please check only one)

Boys:	<input type="checkbox"/> U-09	<input type="checkbox"/> U-10	<input type="checkbox"/> U-11	<input type="checkbox"/> U-12	<input type="checkbox"/> U-13	<input type="checkbox"/> U-14	<input type="checkbox"/> U-15	<input type="checkbox"/> U-16	<input type="checkbox"/> U-17	<input type="checkbox"/> U-18
Girls:	<input type="checkbox"/> U-09	<input type="checkbox"/> U-10	<input type="checkbox"/> U-11	<input type="checkbox"/> U-12	<input type="checkbox"/> U-13	<input type="checkbox"/> U-14	<input type="checkbox"/> U-15	<input type="checkbox"/> U-16	<input type="checkbox"/> U-17	<input type="checkbox"/> U-18
	(8/1/98)	(8/1/97)	(8/1/96)	(8/1/95)	(8/1/94)	(8/1/93)	(8/1/92)	(8/1/91)	(8/1/90)	(8/1/89)

Entry Fee:	\$375	\$375	\$400	\$400	\$425	\$425	\$425	\$425	\$425	\$425
Roster Size:	12	12	14	14	18	18	18	18	18	18
Game Length:	50 min	50 min	60 min	60 min	70 min	70 min	70 min	70min	70 min	70 min

*ETSF Tournament Committee reserves the right to place your team in the division it deems appropriate
Each U09 and U10 team may be required to provide a club linesmen for all games*

CONTACT INFORMATION:

Who should receive future mailings? Manager or Coach (please check only one)

Team Manager: _____ Phone (H) _____ (W) _____

Address: _____ City _____ State _____ Zip _____

Fax #: _____ Email: _____

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

Address: _____ City _____ State _____ Zip _____

Fax # _____ Email: _____

APPLICATION AND ENTRY FEE MUST BE RECEIVED BY March 28, 2008

ENCLOSED THE FOLLOWING ITEMS:

- 1) check payable to ETSF
- 2) one copy of your team's roster
- 3) this completed application

MAIL TO: **East Tennessee Soccer Federation**
P.O. Box 3273
Johnson City TN 37602

FOR OFFICIAL USE ONLY:

Date Received: _____

Registration Form

Medical Release

Entry Fee: _____

Certified Player Passes

Travel Permit

Check # _____

Certified State Roster (1 Copy)