Application Deadline
March 8, 2010

Mail Application and Payment to:

Mockingbird Soccer Club
3000 Mellwood Ave.
Louisville, KY 40207

Mockingbird Soccer Club's
LOUISVILLE CUP
April 17 & 18, 2010 Girls
April 24 & 25, 2010 Boys
TEAM APPLICATION FORM

For Office Use Only:
Date Received: _____

Check No.: _____

Amount: _____

AGE DIVISION: *Please (circle) the appropriate age group*

Boys: **U10** **U11** **U12** **U13** **U14** **U15** **U16** **U17** **U18**

Girls: **U10** **U11** **U12** **U13** **U14** **U15** **U16** **U17** **U18**

This team is a (circle one): Premier (Level A) Classic (Level B)

(Please Print)
Team Name: _____ **Club:** _____

League Name: _____ **State Association:** _____

Coach: _____ **Coach's Phone:** _____

Team Mgr./Contact: _____ **Home #:** _____ **Work #:** _____

Contact Address: _____ **Cell #:** _____

_____
City **State** **Zip**

****E-mail:** _____

****E-mail:** _____
****(Important all correspondence will be via e-mail, your e-mail address must be legible.)****

TEAM HISTORY
Tournaments:

Name	Division	Wins / Losses / Ties	Standings

League Record:

Season	Wins / Losses / Ties	Standings	Season	Wins / Losses / Ties	Standings

State Cup Finish:

_____

_____

I understand that if my team is not accepted, the entry fee will be refunded in full. I further understand that once my team is accepted, the entry fee is forfeited if my team later withdraws. I agree to abide by all tournament guidelines as stated in this application. No refund will be made in the event of cancellation or shortening of any games due to inclement weather. Mockingbird Soccer Club reserves the right to combine age groups depending on number of applicants. I agree to use the tournament housing coordinator for all hotel room stays as part of our acceptance into the Louisville Cup Tournament.

Signature: _____ **Date:** _____