



MERCED ATLAS CUP



TOURNAMENT APPLICATION FORM JUNE 26 & 27, 2010

TEAM/CLUB NAME: _____

Please fill out one application form for each team applying

DISTRICT ASSOCIATION: _____

AGE DIVISION (Circle one):

GENDER:

BOYS U10, U11, U12, U13, U14, U15, U16,

THE FOLLOWING PERSON WILL BE FORWARDED TOURNAMENT SCHEDULE & INFORMATION

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

TEAM INFORMATION

TEAM'S NAME: _____

COACH: _____

PHONE #: _____ TEAM COLOUR: _____

Please ensure your team has alternate colour jerseys.

PLEASE SEND THIS COMPLETED APPLICATION FORM AND THE TOURNAMENT ENTRY FEE OF \$575.00 PER TEAM, PAYABLE TO THE **MERCED SOCCER ACADEMY TO:**

MERCED ATLAS CUP - TOURNAMENT
1033 W. MAIN STREET
MERCED, CA 95340
mercedatlas@yahoo.com

APPLICATION DEADLINE: TUESDAY JUNE 5, 2010.

ALL TEAMS ARE REQUIRED TO PRESENT AUTHORIZED PLAYER BOOKS SIGNED BY THEIR ASSOCIATION AT REGISTRATION FRIDAY JUNE 25, 2010.