Kickers Classic – X

National C-2 Tournament Application

This form must be submitted by **May 15th 2010** along with a check for $350.00 (U13-U19) or $275 .00 (U11-U12) or $170.00 (U9-U10) made payable to ***Kickers Soccer Club***. (Fee will be refunded if your team is not accepted into the tournament).

Send this registration form and check to: Kickers Classic Tournament
8224 Irving Avenue North
Brooklyn Park, MN 55444

Registration Questions: Katy de la Torre 763-227-7681or 612-761-1363
Email: kckregistrar@nwkickers.org

Other Questions: Mike Zwolski 612-397-5315 or 612-802-8589
Email: TournamentDirector@nwkickers.org

Team Name _____ State Affiliation: _____

Club Affiliation: _____

Coach Information:
Name: _____ Phone Number: _____
Address: _____ City/State/Zip: _____
Email: _____ Cell Number: _____

Team Manager Information:
Name: _____ Phone Number: _____
Address: _____ City/State/Zip: _____
Email: _____ Cell Number: _____

Who should receive registration confirmation packet (check one):

☐ Coach ☐ Manager

Current Team Information:

Gender: ☐ Boys ☐ Girls

Age: U- ____

Level: U9-10: ☐ Maroon ☐ Gold

Level: U11-18: ☐ Classic II ☐ Classic III

Weekend Emergency Contact Information
(for weather, field, and other updates)

Contact # 1: _____

Cell: _____ - _____ - _____

Contact # 2: _____

Cell: _____ - _____ - _____

Note: USYSA teams from outside Minnesota must submit a travel permit along with this registration form.

NO REFUNDS AFTER ACCEPTANCE OF APPLICATION

For Club Use Only: Ck #: _____ Amount: _____ Date Received: _____