

# Kalida Classic 3v3 Soccer Tournament

## August 13, 2011

(please print)

Team Name \_\_\_\_\_

Please Circle Age Group:

Girls      U-8      U-10      U-12      U-14      U-16

Boys      U-8      U-10      U-12      U-14      U-16

Head Coach \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

**Maximum Roster Size is four players per team.**

Player Name	Age	Parent or Guardian (Signature)	Phone	T-Shirt Size

T-shirts will be provided for each team member. Please choose a size from below and write it in the appropriate box above.

**Shirt Sizes**      Youth      YS      YM      YL  
                         Adult      AS      AM      AL      AXL

This **Application Form**, along with the **\$ 80.00** entry fee will reserve your team a spot in our tournament. Teams will be accepted on a first come (paid) basis. The registration deadline is **July 31, 2011**

**No application forms will be accepted without the entry fee.**

Please complete this Application Form and mail it, along with the entry fee to:

**Kalida Youth Soccer Boosters  
P.O. Box 21  
Kalida, OH 45853**

Make checks payable to "Kalida Youth Soccer Boosters"

### Application Form