



September 12-13, 2009

**Registration Deadline:
August 26, 2009**

Team Information

Team Name: _____

Association / Club Affiliation: _____

Contact Information

PRIMARY CONTACT: Coach Manager

Name: _____

Cell: _____ Email: _____

Address: _____

City

State

Zip Code

SECONDARY CONTACT: Coach Manager

Name: _____

Cell: _____ Email: _____

Address: _____

City

State

Zip Code

Special Requests:

Payment Information

Request for Discount: \$25 Soccer Stimulus Package (Deadline: August 7th)

\$25 Club Discount (10 or more teams)

Payment: Credit Card (Visa / MC) Check # _____ Amt. \$ _____

Account # _____ Expiration Date: _____

Cardholder Name _____ Amount: \$ _____

TEAM

RECORD: W T L

League Play ___ ___ ___

State Cup ___ ___ ___

Tournaments ___ ___ ___

Gender:

Boys Girls

Age: Fee:

U10 \$350

U11 \$400

U12 \$400

U13 \$450

U14 \$450

U15 \$450

U16 \$450

U17 \$450

U18 \$450

U19 \$450

Discount:

\$25 Stimulus Pkg.

\$25 Club Discount

Check In:

Friday Saturday

The Tournament Committee seeds each team based on gender, playing level, age group and tournament experience. To assist with proper seeding and to expedite your application, please complete all of the information requested. Your application cannot be considered without providing this information. Teams are registered on a first-come, first-served basis based on current playing level. If we are unable to assemble a competitive four-team bracket in your division, you will be contacted to discuss your options. Full refunds will be given to teams withdrawing before the deadline date listed above. No refunds will be given after that date unless your division does not materialize. If your team is not accepted, your entry fee will be refunded in full. Once your team is accepted in the tournament, your entry fee will be forfeited if you withdraw after the deadline date. No refunds will be made because of matches cancelled or shortened due to inclement weather. Please return your completed application as soon as possible with a check in the proper amount made payable to **Bay United Soccer Club**, or you may use your credit card by providing the appropriate information on the application.

Authorized Signature _____

Mail To: Tournament Registrar, Bay United Soccer Club, P.O. Box 15275 Panama City, FL 32406