



MICHIGAN CLASSIC
SOCCER

Tournaments at
BORDEN PARK

TOURNAMENT APPLICATION

WWW.MICHIGANSOCCERCLASSIC.COM

(248) 914-1891

AGE: U ____ BOYS/GIRLS (Circle) ____ Adult Open ____ O-30 MEN/WOMEN (Circle)
Division Requested: ____ Upper Division or ____ Lower Division

TEAM _____ CLUB _____

LEAGUE AFFILIATION _____ STATE AFFILIATION _____

HEAD COACH _____ Risk Mgt # _____

Home Ph _____ Work _____ Cell _____

CONTACT _____ Risk Mgt # _____

Home Ph _____ Work _____ Cell _____

Address _____

City _____ State _____ Zip Code _____

Email: _____ 2nd Email _____

Can your team play on Friday Evening? YES /NO If Yes, What time? _____

Additional Teams Coach will have in tournament:

Team _____ Age U _____ Boys/Girls (circle)

Team _____ Age U _____ Boys/Girls (circle)

Team _____ Age U _____ Boys/Girls (circle)

Please fill in & sign application and return with a check or VISA/MC payment to:
Michigan Soccer Classic, P.O. Box 70502, Rochester Hills, MI 48307

Fee: \$350 U9-U10 6v6; \$400 U11-U12 8v8; \$450 U13-U19 11v11; \$495 Adult 11v11
\$ _____ Memorial Day Tournament May 22-24, 2009 (deadline May 8)
\$ _____ World Classic Tournament July 24-26, 2009 (deadline Jul 3)
\$ _____ Total amount enclosed

VISA/MC (circle one) _____ - _____ - _____ Exp _____
Name: _____ Phone _____
Address _____
City _____ State _____ Zip _____

I confirm that the information given above is accurate and agree to abide by all USYSA, MSYSA, MSA & Michigan Soccer Classic Rules & Regulations. I understand that once a team is accepted and later withdraws, the entry fee is forfeited. I understand that if my team is not accepted the entry fee will be refunded. In the event of inclement weather including shortening the event, entry fees will not be refunded. I understand that Official Team Roster, passcards & notarized Medical Release Forms are required at check-in. Guest Player Roster with passcard (up to 5 guest players) and/or Permission to Travel (out of state teams) may be required.

Signature _____ Date _____