

1st Annual McFarland Spartan Classic Soccer Tournament

Registration Form

June 11,12, & 13

*Team Name: _____
(as you would want it to appear in tournament booklet and on score sheet)

*Club Affiliation: _____

*Division (circle one): Boys/Coed Girls

*Age Group (circle one): 9 10 11 12 13 14

*Team Level (choose one): (this does not mean we will offer level divisions)

___ Recreational (plays in a non competitive league, no tryout to make team)

___ Classic (plays in a competitive league)

*Contact Person: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Cell Phone during tournament: (_____) _____ - _____

*Email Address: _____

*Coach (if different than contact person): _____

If your coach has any other teams in the tournament, please list the TEAM NAMES on the back of this application.

Qualification for Selection

*League and Division in which you play: _____

*Last season's record: _____ Wins _____ Losses _____ Ties

*Final standing within the League (out of how many): _____

*Number of years the core of the team has been together: _____

Any special requests or needs for Game times:

Can you play Friday? ___ Yes ___ No

Please attach any other information (such as teams in you league, results of league play, teams played in tournaments, results of tournament games) that will be helpful for **SEEDING** teams within the tournament.

Please enclose a check for your entry fee payable to **McFarland Soccer Assoc.** and mail with this application to:

McFarland Soccer Tournament Entries

PO Box 73
McFarland, WI 53558

