

Southampton Soccer Annual November Classic!

Team Application Form

NOTE: All applications must be submitted and received no later than October 24th.

Club Association: _____

Team Name: _____

Team Age: U_____ Boys or Girls (Circle One)

Coach's Name and Address: _____

Coach's Phone (H) _____ (Cell) _____

Email address: _____

Uniform Color: Shirt_____ Shorts_____ Alternate: _____

Age group you are applying for (Circle One):

U17, U16, U15, U14, U13, U12, U11, U10, U9, U8

Fall Record 2006: W ____ L ____ T ____ League: _____ Division: _____

Most Recent Tournaments	W	L	T	Final Standing
_____	__	__	__	_____
_____	__	__	__	_____

The following items must be included with your application:

- 1) Completed Application Form
- 2) Copy of State's stamped Roster Form
- 3) Payment in full of \$360

Please send your check or money order payable to SSA to the following address:

Southampton Soccer Association
P.O. Box 1313
Southampton, PA 18966
Attention : Tournament Director

*****I understand and agree if my team is not accepted, the entry fee will be returned in full. I further understand and agree once my team is accepted and later declines, the entry fee is forfeited. If any Acts of God (e.g. weather) force its cancellation, I understand and agree one-half of the entry fee will be returned: otherwise, no refunds after the tournament has begun. I have read the tournament guidelines as stated in this application and agree to abide by such guidelines.**

SIGNATURE: _____

DATE: _____