

CLASH OF THE CLEATS APPLICATION

Name: _____ Club: _____

Coaches Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H): _____ (W) _____ (fax) _____

Age Division: U10 [] U11 [] U12 [] U13 [] U14 [] U15 [] U16 [] U17 [] U18 [] U19 []

Male [] Female [] Club [] Select [] Tournament [] Premier []

State Association: _____ League: _____

League Record: Win _____ Loss _____ Tie _____ Spring [] Fall []

Past Tournaments:

Name: _____ Record: _____ Place: _____

Name: _____ Record: _____ Place: _____

Jersey Color: (primary) _____ (second) _____

Requests: (Our attempt to try and help you, we cannot guarantee requested game times):

No Friday games Late Saturday start (after 10 a.m.)

No night games Saturday morning check-in

Other _____

All teams and players are required to have their own insurance. In the event of an accident or injury while in transit to, transit from, or participating in the Clash of the Cleats soccer tournament, then Lefflin County Soccer Club and all associated with the tournament shall not be held liable. My team accepts all requirements mentioned.

Coach: _____ Date: _____

Mail Application and entry fee to: Clash of the Cleats, P.O. Box 1147 Lewistown, PA. 17044