

**JUST FOR KICKS TOURNAMENT
NOVEMBER 12 & 13
HOSTED BY SOUTH MADISON COUNTY SOCCER ORG.**

TOURNAMENT APPLICATION

BOYS TEAMS/AGE GROUP(circle one): U10 U12 U14 U16

GIRLS TEAMS/AGE GROUP(circle one): U10 U12 U14 U16

REGISTRATION FEE: U10 U12 U14 U16
Make checks payable to SMCSO \$175 \$200 \$225 \$225

TEAM NAME: _____
ORGANIZATION: _____
COLORS: _____ **PRIMARY:** _____ **S ECONDARY:** _____

HEAD COACH: _____
ADDRESS: _____
PHONES: (W) _____ **(H)** _____ **(Cell)** _____
E-MAIL: _____
(PLEASE PRINT CLEARLY)

ASST. COACH: _____
ADDRESS: _____
PHONES: (W) _____ **(H)** _____ **(Cell)** _____
E-MAIL: _____
(PLEASE PRINT CLEARLY)

DEADLINE TO REGISTER IS: **October 29, 2011**

MAIL APPLICATIONS TO: **Tim Ross, Tournament Director**
 PO Box 767
 Madison, MS 39130
 Phone: 622-0222 Email: smcso@bellsouth.net

I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once a team is accepted and later withdraws, the entry fee is forfeited, and also that no refund will be made in the event of cancellation or shortening of matches due to inclement weather.

Signature: _____ **Title:** _____ **Date:** _____