

**2010 Application Form**  
(PLEASE PRINT)

Team Name \_\_\_\_\_ Age Division U- \_\_\_\_\_

Club Name \_\_\_\_\_ State Association \_\_\_\_\_

**PLEASE SEND ACCEPTANCE PACKET TO:** Check only one  Team Manager  Coach

Team Manager \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Email (Required) \_\_\_\_\_

Team Coach \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Email (Required) \_\_\_\_\_

**TEAM HISTORY:** (Please attach additional pages if necessary to provide complete record.)

2009—2010 League Record \_\_\_\_\_

2009—2010 Tournament Record \_\_\_\_\_

Comments/Requests \_\_\_\_\_

**NOTE:** *The tournament committee reserves the right to place your team in the division it deems appropriate and/or to combine divisions depending on the number of teams that apply.*

**\*\*The following must be included for registration to be considered complete:**

- ◆ **Completed & Signed Application**
- ◆ **Copy of Roster with Team name, players names and date of birth (include any guest players)**
- ◆ **Check for Entry Fee (U8,U10 - \$250, U12,U14,U16 - \$275)**  
**Make check payable to: Mecklenburg County Community Services Corp (MCCSC)**

**APPLICATION & ENTRY FEE MUST BE RECEIVED BY April 30, 2010**

**MAIL TO:** MCCSC  
c/o Lake Country Soccer Splash  
P. O. Box 1011  
Clarksville, VA 23927

**Express Mail:** MCCSC – Lake Country Soccer Splash  
c/o Julie B. Hardman  
420 Country Manner La.  
Skipwith, VA 23968

I understand that if my team is not accepted, the entry fee will be refunded in full. I further understand that if once my team is accepted and later withdraws, the entire fee is forfeited and no refund will be made in the event of cancellation or shortening of any matches due to inclement weather or conditions beyond our control. MCCSC will deposit all checks, this does not guarantee acceptance. Acceptance packages will be sent either by postal mail or by email. Verbal acceptances will not be given. Team participation is contingent upon inspection of all documents at the June 4<sup>th</sup> registration. I also understand that my team is responsible for reviewing, understanding, and obeying all tournament rules and procedures. I certify that all information included in this application is correct and accurate.

I, the undersigned representative of this participating team, do agree to release, indemnify, and to hold harmless Mecklenburg County Community Services Corp. and all sponsors, officials, schools, county facilities, coaches, referees, and/or any representative from any claim arising out of injury to named participants on this team. Furthermore, we certify that each player registered is covered by an approved medical insurance plan as required for youth soccer.

Authorized Person: (Please Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Date Received _____	Ck Amt & Ck # _____	Forms Rec: " Application " Roster	Date Acceptance Sent _____
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