

ALVIN SUMMER CLASSIC ~ AUGUST 20 – 22, 2010

Age Group (Please circle) U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
Boys: _____ Girls: _____ Division: _____

Team Name: _____
Jersey color: _____ Alternate Jersey Color: _____
League Name: _____
Home Association: _____ State Assoc: _____

Team Manager: _____ Home Phone: _____
Mailing address: _____ Work Phone: _____
City/ST/Zip: _____ Email: _____

Team Coach: _____ Home Phone: _____
Mailing Address: _____ Work Phone: _____
City/ST/Zip: _____ Email: _____
**Contact phone # during tournament: _____

Fall 2006 season record: League: W____ L____ T____ Final Standing _____
Number of teams in league: _____
Spring 2006 season record: League: W____ L____ T____ Final Standing _____
Number of teams in league: _____

List last 3 most competitive tournament played:

Tournament Name	City/ST	Won	Lost	Tied	Final Standing
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Please list any other information that might help us bracket your team appropriately:

** TEAM ROSTER MAY BE RELEASED TO OUR SPONSORS (NAME AND MAILING ADDRESS ONLY), PLAYERS MAY RECEIVE CATALOGS FROM OUR SPONSORS**

Fees: U9/U10 \$250.00; U11/U12 \$300.00; U13 and up \$350.00

Make checks payable to AYSC

Mail application and copy of team rosters to: AYSC, P. O. Box 1312, Alvin TX 77512

Website Address: www.alvinsoccer.org