KC Legends College Showcase
Stump & Swarner Park July 11-12, 2009
ENTRY DEADLINE June 12

Team Name_____ Club Name_____

PRIMARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____
NAME ADDRESS CITY STATE ZIP

_____ _____ _____
PHONE DAY PHONE EVENING E-MAIL (please print clearly, all correspondence via e-mail)

SECONDARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____
NAME ADDRESS CITY STATE ZIP

_____ _____ _____
PHONE DAY PHONE EVENING E-MAIL (please print clearly, all correspondence via e-mail)

TEAM HOTEL COORDINATOR

NAME_____PHONE DAY_____PHONE EVE'_____

For acceptance into the Tournament hotels must be booked from our approved hotel list. This list is available on-line at www.kclegends.com. Click on the tournament tab. Select the event that you will be attending and click the hotel link

TYPE **Male Female** DIVISION: (Circle One) **DI DII**

2008 – 2009 U.S.Y.S.A. AGE GROUP (CIRCLE ONE):

U14 94/95 U15 93/94 U16 92/93 U17 91/92 U18 90/91 U19 89/90

STATE CUP RECORD: **W_____L_____T_____** REGIONALS RECORD: **W_____L_____T_____**

RECORD FROM 2 TOURNAMENTS

NAME_____W_____L_____T_____

NAME_____W_____L_____T_____

College Roster needs to be received by June 26 to be included in our packet that will be given to all College Coaches.

PAYMENT MUST ACCOMPANY APP' $_____Entry Fee; $695 DEADLINE JUNE 12

Check #_____enclosed (make checks to KC Legends) CIRCLE ONE: CHECK VISA MASTERCARD

Credit card_____ _____ _____
NAME ON CARD CARD # Security Code EXP DATE

Special Scheduling requests:_____

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Mail To: College Showcase, 8255 Melrose, Lenexa, KS 66214. Or Sign Up By Phone 800-877-3790 Chree x 34 or fax to 913-851-3431 Credit Card Only on Fax & Phone Sign-Up. e-mail at upper90sports@planetkc.com - Web site: www.upper90.com or www.kclegends.com

Teams that withdraw after entry deadline forfeit their entry fee. If tournament is cancelled beyond our control all but $300 will be refunded.