KC Legends Fall Brawl
At Legacy Park in Lee's Summit, MO
Sept 3-6, 2010
ENTRY DEADLINE August 13th

Team Name_____ Club Name_____ Club City_____

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 or www.upper90.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 D III**

U.S.Y.S.A. AGE GROUP (CIRCLE ONE):
U8 02/03 U9 01/02 U10 00/01 U11 99/00 U12 98/99 U13 97/98 U14 96/97 U15 95/96 U16 94/95 U17 93/94 U18 92/93 U19 91/92

U8 – U10 6v6 U11 -8v8 U12 8v8/ 11v11 U13 and up 11v11

Team Record — Please list league and tournament standing details: Please add detail page if room is insufficient.

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PAYMENT MUST ACCOMPANY APP' $_____Entry Fee: U8-U12 $482 U13-U19 $562

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

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

Special Scheduling requests:_____

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Mail To: KC Legends Fall Brawl, 8255 Melrose, Lenexa, KS 66214. Or Sign Up By Phone 800-877-3790 Amy x 35 or fax to 913-851-3431 Credit Card Only on Fax & Phone Sign-Up. Email: amy@kclegendssoccer.com Web site: www.kclegends.com

Teams that withdraw after entry deadline forfeit their entry fee. If tournament is cancelled beyond our control all but $150 will be refunded.