

KC Legends Ice Cap Sports City: Blue Springs, MO January 30-31, 2010

Deadline: January 4, 2010

Please note: A spectator entry fee may be charged at regional or national facilities.

Application Form:

Team Name _____ Club Name _____

Primary Contact _____ Secondary Contact _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone Day () _____ Eve () _____ Phone Day () _____ Eve () _____

Fax(____) _____ **E-Mail _____

If the tournament is cancelled, due to circumstances outside the control of National Indoor Soccer, \$300 will be retained and the balance refunded

YOUTH DIVISION (Circle one): I OR II *

*Note: No Division I Players can compete in Division II - Home facility must confirm Division II standard of play for team

Type (Circle one): FEMALE MALE

USYSA Age Group 2009-2010 (circle one): U8-01-02, U9-00/ 01, U10-99/ 00, U11-98/ 99, U12-97/ 98, U13-96/ 97,
U14-95/ 96, U15-94/ 95, U16-93/ 94, U17-92/ 93, U18-91/ 92, U19-90/ 91

ADULT DIVISION (circle one) COED OPEN MEN'S OPEN WOMEN'S OPEN MEN'S O'30

U23 MEN'S U23 WOMEN'S MEN'S O'40 WOMEN'S O'30

METHOD OF PAYMENT: Check# _____ for \$473

Make checks payable to: Soccer Excellence

Or Charge by: () Visa () Master Card () Discover

Name on the Card _____

Credit Card Number _____

Security Number from back of card _____ Expiration Date _____

Schedule Request: _____

Mail To: Soccer Excellence - 8255 Melrose, Lenexa, KS 66214

Fax To: 913-851-3431 (Note: Fax applications must be accompanied by credit card payment.)

Sign up by phone: 800-877-3790 x 34 E-mail: chree@soccerexcellencekc.com

Check Out Our Website at www.upper90.com