

RAYTOWN SOCCER CLUB *Proudly Presents*

# The 8th Annual KANSAS CITY CUP

## April 30<sup>th</sup>-May 2<sup>nd</sup> 2010

AGE: Under 8(5V5) 9(6V6) 10 (6V6) 11(8V8) 12 (8V8) 13 14 15 16 17 18 19

(Circle one)

Level COMPETITIVE GOLD SILVER **circle one**

(A level teams will be given priority for Acceptance- B levels brackets will be determined by field availability)

GENDER MALE FEMALE **circle one**

\*\*\* Application must be completed fully to be considered for placement in this event. Failure to do so will cause your application to be returned and may cause your application to be confirmed after the deadline. Teams with fully completed application received before the deadline will be given first preference. Thank you!

Team Name \_\_\_\_\_ USYSA State Association \_\_\_\_\_

**MUST BE COMPLETED before Application will be accepted**

City \_\_\_\_\_ State \_\_\_\_\_ League: Played in Fall 09 \_\_\_\_\_ Division \_\_\_\_\_

Fall 09 League Record W \_\_\_\_\_ L \_\_\_\_\_ T \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Coaches Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Manager \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Please mark if you placed 1<sup>st</sup> or 2<sup>nd</sup>

Previous tournament \_\_\_\_\_ Division played \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_ T \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Previous tournament \_\_\_\_\_ Division played \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_ T \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

*There is no guarantee of placement. Kansas City Metro teams may be scheduled for Friday night. Out of town teams may be scheduled for games early Saturday morning. The Directors will not schedule around league play. The Directors reserve the right to refuse any team at any time.*

## ENTRY DEADLINE: April 1<sup>ST</sup> 2010

**Full Payment must be attached to application**

**Applications received after the deadline will be assessed a \$25 Fee\*\*\***

Make check payable to: RSC Mail to: RAYTOWN SOCCER CLUB 6029 Raytown Road Raytown, Missouri 64133

Phone: (816) 313-7721 fax (816)313-0729 E-mail: RSC@raytownsoccerclub.org

www.raytownsoccerclub.org

U-8 and younger= \$300 U-9 / U-12 = \$ 455 U-13 & Older = \$505

Will take Master card or Visa **Credit Cards, will be charged a 3% Convenience Fee for tournament fees**

Credit Card Holder \_\_\_\_\_ Credit Card # \_\_\_\_\_

3-digit security code (from back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

U-8 and Younger \$309.00 U-9 -U-12 \$468.65 U13 and older \$520.15 PRICE WITH CHARGE CARD