



**MISSOURI YOUTH SOCCER**  
**2010 Kohl's American Cup Application**  
**May 22-23, 2010 Raytown, MO**

**TEAM NAME**

---

**Circle One: BOYS      GIRLS**  
**AGE DIVISION** \_\_\_\_\_

<b>Division</b>	<b>Entry Fee</b>	<b>Division</b>	<b>Entry Fee</b>
<b>Under 6</b>	<b>\$200.00</b>	<b>Under 12 (11v11)</b>	<b>\$350.00</b>
<b>Under 7</b>	<b>\$200.00</b>	<b>Under 13</b>	<b>\$350.00</b>
<b>Under 8</b>	<b>\$200.00</b>	<b>Under 14</b>	<b>\$350.00</b>
<b>Under 9</b>	<b>\$275.00</b>	<b>Under 15</b>	<b>\$350.00</b>
<b>Under 10</b>	<b>\$275.00</b>	<b>Under 16</b>	<b>\$350.00</b>
<b>Under 11 (8V8)</b>	<b>\$275.00</b>	<b>Under 17</b>	<b>\$350.00</b>
<b>Under 11 (11V11)</b>	<b>\$275.00</b>	<b>Under 18</b>	<b>\$350.00</b>
<b>Under 12 (8V8)</b>	<b>\$350.00</b>	<b>Under 19</b>	<b>\$350.00</b>

**MAIN CONTACT PERSON:**

**HEAD COACH/MGR NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY / STATE / ZIP** \_\_\_\_\_  
**PHONE: HOME** (\_\_\_\_\_) \_\_\_\_\_ **WORK/CELL** (\_\_\_\_\_) \_\_\_\_\_

**SECOND CONTACT PERSON**

**HEAD COACH/MGR NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY / STATE / ZIP** \_\_\_\_\_  
**PHONE: HOME** (\_\_\_\_\_) \_\_\_\_\_ **WORK/CELL** (\_\_\_\_\_) \_\_\_\_\_

**Missouri Youth Soccer Association Kohl's American applications deadline is May 15, 2010. It is the responsibility of the applicant to confirm receipt of their application to make sure it has been received by the deadline date.**

**Send completed application to:**  
**Raytown Soccer Club, 6029 Raytown Rd, Raytown, MO 64133**  
**with check for the appropriate age division.**

**You may also fax your application to Raytown Soccer at 816-313-0729.**