

RAYTOWN SOCCER CLUB
Proudly Presents

Kansas City Sun Classic

August 20th -22nd 2010

Level: **COMPETITIVE** GENDER: **MALE / FEMALE**

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

Please select : GOLD OR SILVER

AGE: Under 8(5V5) 9(6V6) 10 (6V6) 11(8V8) 12 (8V8) 13 14 15 16 17 18 19
(Circle one) **U13 and up play 11v11**

Application Must be filled out completely or it will be returned

Team Name _____ USYSA State Association _____

League: Played in Spring 10 _____ Division _____ Spring 10 League Record :W____ L____ T____

Coaches Name _____ Email Address _____

Coaches Address _____
Street City State Zip

Phone () _____ Cell () _____ Fax () _____

Manager _____ Email _____

Manager Address _____
Street City State Zip

Phone () _____ Cell () _____ Fax () _____

Recent Tournaments _____ Record W____ - L____ - T____ Placed _____

Recent Tournaments _____ Record W____ -L____ -T____ Placed _____

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: July, 24th 2010

Full Payment must be attached to application

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

Make check payable to:

RAYTOWN SOCCER CLUB 6029 Raytown Road Raytown, Missouri 64133

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

U-8 and younger= \$300 U-9 and U-10 = \$455 U-11 and U-12 = \$ 455 U-13 & Older = \$505

Credit Card Holder _____ Credit Card # _____ Expiration Date _____

3-digit security code (from back of card) _____

Credit Cards will be charged a 3% Convenience Fee for tournament fees

Total Fee \$ _____ Check Number _____