



Date Received _____
Check # _____
Team Liability Release _____

Certified Roster _____
Permission to Travel _____

HAMBURG MONARCHS SOCCER TOURNAMENT 2009 APPLICATION

Deadline for submission June 1st, 2009

AGE DIVISION FOR BOYS (circle one): U10 U11 U12 U13 U14 U15 U16

AGE DIVISION FOR GIRLS (circle one): U10 U11 U12 U13 U14 U15 U16 U17&up (open)

COMPETITION LEVEL REQUIRED (circle one): club level or premier level

Club Name

Team Name

Coach's Name

Coach's Address

City, State Zip

Contact Phone Number

Contact E-Mail

Manager's Name

Manager's Address

City, State Zip

Manager's Phone Number

Manager's E-Mail

Mail to be sent to (circle one): Coach / Manager

All applicants must read and sign the statement below.

I hereby acknowledge that as a condition of our acceptance, our team agrees to accept the Tournament rules. I also understand that once a team is accepted and later withdrawals, the entry fee is forfeited and no refund will be made in the event of a cancellation or shortening of any matches due to inclement weather or circumstances beyond immediate control. I also understand that certified rosters, player passes and medical release forms must be submitted at Registration.

(Coach/Manager/Team Representative)

Date

Return completed application form and entry fee of \$375.00, along with an official team roster to:

**C/O Tournament Director
Hamburg Soccer Club
780 Abbott Rd,
Buffalo, NY 14220**