



## TOURNAMENT VENDOR APPLICATION

PLEASE INDICATE  THE TOURNAMENT(S) YOU ARE INTERESTED IN PARTICIPATING IN:

<input type="checkbox"/> <b>House League MICROFEST (U4-U6)</b> <b>June 16th, 2012</b>  <ul style="list-style-type: none"> <li>• Games: 8 AM - 6 PM</li> <li>• Photo Day</li> </ul>	<input type="checkbox"/> <b>House League SOCCERFEST (U7-U18)</b> <b>June 23rd-24th, 2012</b>  <ul style="list-style-type: none"> <li>• Games: 8 AM - 6 PM on Saturday</li> <li>• Games: 8 AM - 3 PM on Sunday</li> <li>• Photo Day - Saturday</li> </ul>	<input type="checkbox"/> <b>Competitive HEART OF YORK (U8-U18)</b> <b>August 11th-12th, 2012</b>  <ul style="list-style-type: none"> <li>• 175 teams from Ontario participate!</li> <li>• Games: 8 AM - 3 PM on Saturday</li> <li>• Games: 8AM - 3 PM on Sunday</li> </ul>	<input type="checkbox"/> <b>House League NSC CHALLENGE CUP (U4-U18)</b> <b>August 25th, 2012</b>  <ul style="list-style-type: none"> <li>• Games: 8 AM - 6 PM</li> <li>• Trophy presentations all day long!</li> </ul>
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*All vendors to be set up by 7:30 AM on 1st Tournament Day. Overnight security provided for Soccerfest and Heart of York Tournaments.*

### CONTACT INFORMATION:

<b>Contact Person's Name</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>City</b>	
<b>Province</b>	
<b>Work Phone</b>	
<b>Home Phone</b>	
<b>Fax</b>	
<b>Email Address</b>	

**Description of items you wish to sell and/or promote:**

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Please list other events/tournaments you have participated in the last 2 years:

**Payments:**

Upon approval of application, payment will be due immediately. Cost of participation is **\$300**/per tournament. Please choose payment method:

**VISA**       **MASTERCARD**

No.: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**CHEQUE**

Payable to **THE NEWMARKET SOCCER CLUB**

**Agreement & Signature:**

By submitting this application, I affirm that the facts set forth are true and complete. I understand that submission of this completed application does not constitute a completed contract by the event organizer. I/we waive any claim that I/we may have against the Newmarket Soccer Club and or the city of Newmarket or any other affiliates for loss or damage.

**Name**  
(PLEASE PRINT) \_\_\_\_\_

**Signature**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_

**Return completed application and payment to:**

Lucille Abate, President  
**Newmarket Soccer Club**  
611 Steven Court, Unit 4  
Newmarket, ON. L3Y 6Z3  
Ph: (05)836-8761 | Fx: (905)836-9473  
Email: president@newmarketsoccer.com