



HEART of YORK HOY Summer Classic TOURNAMENT

AUGUST 11th & 12th, 2012

APPLICATION FORM

Team Name: _____

Age Group: _____ **Gender (M/F):** _____

Coach's Name: _____

Mailing Address: _____

City: _____ **Prov:** _____ **P/C:** _____

Hm. Phone: _____ **Wk. Phone:** _____

Email: _____

Cel. Phone: _____ **For use/contact during tournament.*

Manager's Name: _____

Mailing Address: _____

City: _____ **Prov:** _____ **P/C:** _____

Hm. Phone: _____ **Wk. Phone:** _____

Email: _____

Cel. Phone: _____ **For use/contact during tournament.*

Club Name: _____

Mailing Address: _____

City: _____ **Prov:** _____ **P/C:** _____

Phone: _____ **Fax:** _____

League Name: _____

Provincial Association: _____

Team League Record 2011: _____

Tournament Results 2011: _____

Signature: _____ **Date:** _____

APPLICATION RULES

1. Please make cheques payable to **THE NEWMARKET SOCCER CLUB**.
2. Entry fee (\$395 CDN) **MUST** accompany your application, or it will not be processed.
3. Entry deadline - July 6th, 2012.
4. No refunds will be issued for teams withdrawing **AFTER** July 6th, 2012.
5. This is a NACC Tournament.
6. Divisions for Boys and Girls - U9 to U18.

The Newmarket Soccer Club
Unit 4 - 611 Steven Court
Newmarket ON L3Y 6Z3
Ph: 905-836-8761 ▪ Fx: 905-836-9473
www.newmarketsoccer.com