



12th Annual All-Star Tournament

Saturday & Sunday, July 4th & 5th, 2009

REGISTRATION FORM (Boys & Girls Teams - U8 to U18)

TEAM NAME: _____	BOYS U _____	GIRLS U _____
Coach: _____	Manager: _____	
Address: _____	Address: _____	
City/Province: _____	City/Province: _____	
Postal Code: _____	Postal Code: _____	
Tel: _____	Tel: _____	
Fax: _____	Fax: _____	
E-mail: _____	E-mail: _____	
Please indicate (circle) PRIMARY contact for Team - COACH MANAGER		

TEAM PROFILE

2008 League: _____	Division: _____
2009 League: _____	Division: _____

CLUB INFORMATION

Name: _____	
Club Contact: _____	
Address: _____	
City/Province: _____	Postal Code: _____
Tel: _____	Fax: _____

IF PAYING BY VISA OR MASTERCARD, PLEASE COMPLETE THE FOLLOWING:

Please Circle One:	VISA	MASTERCARD	Expiry Date (mm/yy): _____
Card #	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's Authorizing Signature: _____			

Signed: _____	Date: _____
Name (Please print): _____	Position: _____
Tel: _____	

- Entry fee (\$350 CDN) **MUST** accompany your application, or it will not be processed.
- Please make cheques payable to **NEWMARKET SOCCER CLUB**.
- No refunds will be processed for teams withdrawing after **June 5th, 2009**.
- Please mail application and fee to **Newmarket Soccer Club, 26 Wilstead Drive, Newmarket ON L3Y 4T9**
- Preliminary application forms can be faxed to 905-836-9473, but to officially be accepted into the tournament the completed form with fee must be received via mail before **June 5th, 2009**.