



The Heart of York
Summer Classic
August 8th & 9th, 2009



APPLICATION FORM

Club Name: _____

Team Name: _____

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

Manager's / Coach's Name: _____

Mailing Address: _____

City: _____ Prov./State: _____ Country: _____

Postal/Zip Code: _____ Phone (Hm): _____ (Bus): _____

Fax: _____ E-mail: _____

Cellular Phone Number for Use/Contact During Tournament: _____

Club Name & Address: _____

City: _____ Prov./State: _____ Country: _____

Postal/Zip Code: _____ Phone (Hm): _____ (Bus): _____

League Name: _____

Provincial / State Association: _____

Team's League Record 2008: _____

Tournament Results 2008: _____

Signature of Manager/Coach: _____ Date: _____

APPLICATION RULES

1. Please make cheques payable to **THE NEWMARKET SOCCER CLUB**.
2. Entry fee (\$375 CDN) **MUST** accompany your application, or it will not be processed.
3. Entry deadline - July 3rd, 2009.
4. No refunds will be issued for teams withdrawing **AFTER** July 3rd, 2009.
5. This is a NACC Tournament.
6. Divisions for Boys and Girls - U8 to U18 . Note - U8 to U10 will play 7 per side.