



Brick Township Soccer Association Memorial Day Tournament Team Application [printable mail-in version]

TEAM INFO:

Team Name [name only do not inc. club/SA name]:

Club/Association Affiliation: _____

FLIGHTING INFO:

What flight do you normally play?

League: _____

Flight Name: _____

Boys or Girls? [circle one] Boys Girls Age: U-____ Birth Year: _____

[select one] Premier/Elite/A Team Medium/Intermediate Flight/B Team

Lower Flight/C Team Other [please describe below]

Other flighting comments/request [ex. Flight name in league, MAPS or JAGS team, etc.:

Boys or Girls?: [circle one] Boys Girls Age: U-____ Birth Year: _____

League Record: Spring 2008 [W-L-D]: _____ Fall 2008 [W-L-D]: _____

Tourn. Record: Spring 2008 [W-L-D]: _____ Fall 2008 [W-L-D]: _____



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Team Contact Info.:

Team Contact – First Name: _____ Last Name: _____

Team Website: _____ Email Address: _____

Address 1: _____ Address 2: _____

Town/City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Alternate Contact Info:

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

I understand and agree to abide by the tournament rules and regulations. I understand that once my team is accepted the entry fee will be forfeited should the team withdraw from the tournament. If the team is not accepted, the entry fee will be returned/refunded in full

SIGNATURE: _____ **DATE:** _____

If payment is to be mailed, please forward your check payable to “**B.T.M.D.T**” to:

Carol Scott
BTSA Tournament Director
10 Marbro Avenue
Brick, New Jersey 08724

- Please include copy of official state roster
- Fees: U19-U11 = \$450; U-10–U-8 + \$375