

12th Annual Capital Soccerfest

Sponsored by the Capital Soccer Club
April 5 & 6, 2008
63 Sports Complex, Jefferson City, MO
Application Deadline March 15, 2008

Make Checks Payable to: **Capital Soccer Club**

U9 – U10: \$400.00

U11 – U12: \$425.00

U13 - U19: \$450.00

Circle One:

Boys: U9 U10 U11(8V8) U11(11V11) U12 U13 U14 U15 U16 U17
U18 U19(High School Only)

Girls: U9 U10 U11(8v8) U11(11v11) U12 U13 U14

Soccer Club Name: _____ State Association: _____

Team Name: _____

Coach's Name: _____ Contact Person: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

(Fax) _____ *E-mail _____

*(Necessary for communication – Please Print Clearly)

Scheduling Conflicts or Special Considerations:

**Each coach is limited to two teams when referring to conflicts, see tournament rules for details.*

Are you coaching more than one team in this tournament? (Circle one) Yes No

If yes please list name of conflicting team: _____

Special Considerations/Conflicts: _____

Team Record:

Please rate your team: (circle one) Strong Average Weak

Are you willing to play up? (circle one) Yes No

Recent Tournament: _____ Record: W ___ L ___ T ___ Placed _____

Recent Tournament: _____ Record: W ___ L ___ T ___ Placed _____

Spring 2007 League: _____ Wins: _____ Losses: _____ Ties: _____

Fall 2007 League: _____ Wins: _____ Losses: _____ Ties: _____

Team Referee Information: Do you know someone that is licensed and interested in refereeing during the tournament? If so, please state referee's name & phone number:

Send Check payable to Capital Soccer Club and Completed Application To:

**Capital Soccerfest
c/o Tournament Director
PO Box 1001
Jefferson City, MO 65102**

For tournament questions: Capital Soccer Club **Phone (573) 636-3434, Fax (877) 636-0305**
Email: **csc.tournaments@capital-soccer-club.com**

Tournament related material available on our web site: **<http://www.capital-soccer-club.com>**