



2007 3rd Annual Holiday 4v4 Tournament

Application Form

Rep. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hm Ph: _____ Cell Ph: _____

Email: _____

Team Name: _____

Team Color: _____ Alt. Color: _____

Division of Play (choose one)

Under 8: Girls _____ Under 8: Boys _____ Under 8: Coed _____

Under 10: Girls _____ Open _____ Rec _____ Under 10: Boys _____ Open _____ Rec _____

Under 12: Girls _____ Open _____ Rec _____ Under 12: Boys _____ Open _____ Rec _____

Under 14: Girls _____ Open _____ Rec _____ Under 14: Boys _____ Open _____ Rec _____

Tournament Pre Order T-shirt \$8.00 (\$12 on site) Please request a pre order form.

Payment:

\$100.00 per team

Check # _____ Amt \$ _____

Credit Card Payment

Card Type Visa or Mastercard Card No; _____/_____/_____/_____

Expiration Date: _____/_____

Mail application and payment to:

Warner Soccer

1695 Metropolitan Circle, Suite 4

Tallahassee, FL 32308

Phone: 850-386-3866

Fax: 850-386-5799

Email: warnersoccer@warnersoccer.com

