



**CATARAQUI CLIPPERS
GIRLS' AMBASSADOR CUP TOURNAMENT
JULY 10-11, 2010**

TEAM ENTRY APPLICATION

Please check (X) the age category of your team.

U-9* MiniSoccer (7 v7)	U-10* MiniSoccer (7 v7)	U-11* MiniSoccer (7 v 7)	U-12	U-13	U-14	U-15	U-16	U-17	U-18

***NOTE:** Only Ontario teams may apply for U-9, U-10 and U-11.

Club Name: _____

Team Name: _____ Team OSA# _____

League Team Plays In: _____

League Level (Regional/Elite/Premier/Div. 1/ AA, etc.): _____

OSA Level of Team (U-12 to U-18 teams check one): L1: L3: L4: L5:

Win-Loss Record Last Year: _____

District Association: _____

Team Contact Name: _____

Phone: (Home) (Work) (Cell)

Email (Required): _____

Address: _____

City: Prov.: Postal Code:

For Office Use Only

Date Rec'd: _____ Entry Fee: _____ Travel Pmt: _____ Roster: _____