SuperClubs Champion's Cup Application - Memphis, TN
Mike Rose Soccer Complex May 13th-15th, 2011
ENTRY DEADLINE Friday April 15th

Team Name_____ Club Name_____Club City_____

PRIMARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____
NAME ADDRESS CITY STATE ZIP

_____ _____
MOBILE PHONE E-MAIL (please print clearly, all correspondence via e-mail)

SECONDARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____
NAME ADDRESS CITY STATE ZIP

_____ _____
MOBILE PHONE E-MAIL (please print clearly, all correspondence via e-mail)

TEAM HOTEL COORDINATOR

NAME_____PHONE_____PHONE EMAIL_____

For acceptance into the Tournament hotels must be booked through the Mike Rose Complex. Please make your reservation at this link. http://www.mikerosesoccercomplex.com/travel.htm.
Any questions email the Mike Rose Complex at jessicavinson@mikerosesoccercomplex.com

TYPE **Male** **Female** DIVISION: (Circle One) **DI (Gold)** **DII (Silver)**

U.S.Y.S.A. AGE GROUP (CIRCLE ONE):
U9 01/02 U10 00/01 U11 99/00 - 8v8 or 11v11 U12 98/99 - 8v8 or 11v11 U13 97/98 U14 96/97 U15 95/96 U16 94/95
U17 93/94 U18 92/93 U19 91/92

STATE CUP RECORD: **W_____L_____T_____** REGIONALS RECORD: **W_____L_____T_____**

RECORD FROM 2 TOURNAMENTS

NAME_____W_____L_____T_____

NAME_____W_____L_____T_____

Team Entry Fee: U9-U10 $470 U11-U12 $570 U13-U16 $650 U17-U19 $675

PAYMENT MUST ACCOMPANY APPLICATION $_____

Check #_____-enclosed (make checks to Soccer Excellence) CIRCLE ONE: CHECK VISA MASTERCARD DISCOVER

Credit card_____ _____ _____ _____
NAME ON CARD CARD # Security Code EXP DATE

Special Scheduling Requests:_____

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Mail To: Memphis SuperClubs 8255 Melrose, Lenexa, KS 66214. Or Sign Up By Phone 800-877-3790 Brian x 32 (Toll-Free). Or fax to 913-851-3431 Credit Card Only on Fax & Phone Sign-Up. E-mail at brian@kclegendssoccer.com www.upper90.com

Teams that withdraw after entry deadline forfeit their entry fee. If tournament is cancelled beyond our control, all but $300 will be refunded.