

10TH ANNUAL LTRC COUNTY CUP CLASSIC 2009 TEAM APPLICATION FORM

TEAM AFFILIATION: (select one):	NAME
Recreation Council	
Club	
CYO	

TEAM NAME: _____

FALL 2009 AGE GROUP: _____

(Age group the applying team will play in for the Fall 2009 season)

DIVISION (check one):

Boys:	Girls:
Boys U-8	Girls U-8
Boys U-10 Gold	Girls U-10 Gold
Boys U-10 Silver	Girls U-10 Silver
Boys U-12 Gold	Girls U-12 Gold
Boys U-12 Silver	Girls U-12 Silver
Boys U-14 Gold	Girls U-14 Gold
Boys U-14 Silver	Girls U-14 Silver

COACH INFORMATION – Please complete in its entirety make sure to include accurate e-mail addresses and cell phone numbers which will be reachable tournament weekend.

Head Coach: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 E-Mail Address: _____
 Home Phone: _____
 Office Phone: _____
 CELL PHONE: _____
 Assistant Coach: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 E-Mail Address: _____
 Home Phone: _____
 Office Phone: _____
 CELL PHONE: _____

