CALSOUTH / DISTRICT 5 2009-2010 LEAGUE TOURNAMENT APPLICATION

(CIRCLE ONLY ONE) **OPEN CUP** **COMMISSIONERS CUP** **PRESIDENTS CUP**

LEAGUE NAME:_____ **LEAGUE #:**_____

PRESIDENTS NAME:_____ **CONTACT#:**_____

REGISTRARS NAME:_____ **CONTACT#:**_____

REF COORDINATOR:_____ **CONTACT#:**_____

CIRCLE YES OR NO TO ALL YOUR LEAGUE CAN SUPPLY, THIS DOES NOT GUARANTEE TOURNAMENT SEEDING

U10 GIRLS-1 Y / N	**U10 GIRLS-2 Y / N**	**U10 GIRLS-3 Y / N**	**U10 COEDS-1 Y / N**	**UIO COEDS-2 Y / N**	**U10 COED-3 Y / N**
U12 GIRLS-1 Y / N	**U12 GIRLS-2 Y / N**	**U12 GIRLS-3 Y / N**	**U12 COEDS-1 Y / N**	**U12 COEDS-2 Y / N**	**U12 COED-3 Y / N**
U14 GIRLS-1 Y / N	**U14 GIRLS-2 Y / N**	**U14 GIRLS-3 Y / N**	**U14 COEDS-1 Y / N**	**U14 COEDS-2 Y / N**	**U14 COED-3 Y / N**
U18 GIRLS-1 Y / N	**U18 GIRLS-2 Y / N**		**U18 COEDS-1 Y / N**	**U18 COEDS-2 Y / N**	

Each league shall only be guaranteed team seeding if in good standings and as follows:

Open Cup: 1 Girls and 1 Coed

Commissioners Cup: 1 first place and 1 second place Girls and Coeds teams in U10, U12, U14

Presidents Cup: 1 Girls and 1 Coeds teams in U10, U12, U14

_____Girls Teams X $130.00 = _____

_____Coeds Teams X $130.00=_____

TOTAL = **_____**

Please only send payment for teams that are guaranteed or approved by tournament staff

ALL PAYMENTS ARE DUE AT THE TEAM CHECK-INS, DO NOT MAIL !

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DATE DUE: _____

DATE REC: _____

CHECK # : _____

FILL-IN TEAMS : **REQUESTS / CONFIRMED:**

GIRLS: 10 / 12 / 14 DATES: _____ / _____
GIRLS: 10 / 12 / 14 DATES: _____ / _____
GIRLS: 10 / 12 / 14 DATES: _____ / _____
GIRLS: 10 / 12 / 14 DATES: _____ / _____
GIRLS: 10 / 12 / 14 DATES: _____/_____

COEDS: 10 / 12 / 14 DATES: _____/_____
COEDS: 10 / 12 / 14 DATES: _____/_____
COEDS: 10 / 12 / 14 DATES: _____/_____
COEDS: 10 / 12 / 14 DATES: _____/_____
COEDS: 10 / 12 / 14 DATES: _____/_____

NOTES: _____

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FAX ALL APPLICATIONS TO (909) 533-2132