



Your complimentary use period has ended. Thank you for using PDF Complete.

Click Here to upgrade to Unlimited Pages and Expanded Features

Application for Southeast Challenge 2010 Soccer Tournament March 20 - 21

Jack Allen Soccer Complex, Decatur, Alabama

Application Deadline: Feb 27th 2010

All information fields marked with an asterisk (*) are required for complete application

* Team Name: _____

* Gender: Boys: _____ Girls: _____

* Team Age Group (circle appropriate category) U-9 U-10 U-11 U-12 U-13 U-14

* State Association: _____

* League: _____

*Competitive Category/Level:

(For each age group, teams will be placed within the division best matching their competitive level)

Division level applying for: _____ A (highest) _____ B (middle) _____ C (lowest)

* Team Head Coach's Name: _____

*Name of Team Manager: _____

* Primary Team Contact's Information (Please send all tournament mailings and correspondence to):

* Name: _____

* Street Address: _____

* City: _____

* State: _____

* Zip Code: _____

* Home Phone: _____

* Office Phone: _____

Cell Phone: _____

* E-mail Address: _____

* Secondary Team Contact's Information:

* Name: _____

* Home Phone: _____

* Office Phone: _____

* E-mail Address: _____



Your complimentary use period has ended. Thank you for using PDF Complete.

is not applicable to your team, just put N/A)

Click Here to upgrade to Unlimited Pages and Expanded Features

tournament, provide the following information:

Tournament Name: _____
Date of Tournament: _____
Win: _____
Loss: _____
Tie: _____
Finish/Standing: _____

Tournament Name: _____
Date of Tournament: _____
Win: _____
Loss: _____
Tie: _____
Finish/Standing: _____

State Cup Competition Results . past three years (if applicable)

State: _____

Year: _____
Division: _____
Finish: _____

Year: _____
Division: _____
Finish: _____

Recent League Record

Season: _____
Division: _____
Describe Division & Competitive Level: _____
Win: _____
Loss: _____
Tie: _____
Final Standing: _____

Other comments/team information:

Three horizontal lines for writing comments.



Your complimentary
use period has ended.
Thank you for using
PDF Complete.

Deadline: February 20, 2010

The entry fee will be refunded in full. I further understand that once
nce letters have been mailed) the entire entry fee is forfeited
also that no refund will be made in the event of cancellation or
ather or a condition beyond the tournaments control.

[Click Here to upgrade to
Unlimited Pages and Expanded Features](#)

Tournament Selection Committee reserves the right to place your team in the division it deems appropriate. Applications received without fees will not be processed. Any special requests please make in writing and attach to application. Special requests will be considered but not necessarily guaranteed.

If applying off-line, mail copy of completed application and a check for application fee payable to **Premier Soccer Events, LLC*** to following address:

Southeast Challenge 2010 c/o
Premier Soccer Events, LLC
18 The Falls Dr.
Birmingham, AL 35216

For application to be considered complete, the following must be included:

- ___ Completed Team Application Form
- ___ Check for \$350.00 (for U-9s and U-10s)
- ___ Check for \$400.00 (for U-11s and U-12s)
- ___ Check for \$475.00 (for U-13s and U-14s)

*Premier Soccer Events, LLC is the official Southeast Challenge 2010 Tournament event operations and management provider.

To contact Premier Soccer Events, LLC, please email: tournamentdirector@SEChallenge.com or call 205-527-5115.