



# U9 Only Intramural Select Tournament

## Boys and Girls Teams

### Sunday, November 8, 2009

**Application Form - (One Form Per Team)** *(Please print or type legibly)*

<b>Club Name:</b>	_____		
<b>Team Name:</b>	_____		
<b>Team Colors:</b>	<b>Primary Color:</b>		<b>Alternate Color:</b>
<b>Bracket:</b>	Girls <input type="checkbox"/>	Boys <input type="checkbox"/>	
<b>Age Group:</b>	U9 Intramural ONLY		
<b>Head Coach:</b>	_____		<b>Asst Coach:</b>
<b>Coach Phone:</b>	_____		<b>Asst. Coach Phone:</b>
<b>Coach Email:</b>	_____		<b>Asst. Coach Email:</b>

#### Terms & Conditions

- All teams will be responsible for their own insurance. In case of accident or injury to, from or during tournament, Hatboro-Horsham Soccer Club will not be liable.
- Please enclose your check for **\$225.00 per team** made payable to the **Hatboro-Horsham Soccer Club (HHSC)**.
- Please complete the Roster Form with every player's name and birth date return both with your application and tournament fee **by October 20, 2009**.
- Please complete the Player Release/Code of Conduct and Medical Release for each player and **bring both to registration** on November 8, 2009.
- In the event our tournament is cancelled due to inclement weather or other unforeseen circumstances that are not controlled by HHSC a **\$75 cancellation fee** will be assessed for administrative cost.
- Participation is limited to **8 Boys teams and 8 Girls teams** and based on first received, first registered basis.

**The following information is needed by OCTOBER 20, 2009:**

- Application**
- Roster with Birth dates**
- Check (payable to HHSC)**

Send completed information and check (payable to HHSC) to...

**Hatboro-Horsham Soccer Club**  
**PO Box 578, Hatboro, PA 19040**

**The following information is needed at Registration on November 8, 2009:**

- Player's Signed Release and Code of Conduct**
- Player Signed Medical Release**

**Applying Club Signatures:**

**Coach:**

**Date:**

**League/Division President:**

**Date:**



# **U9 Only Intramural Select Tournament**

## **Boys and Girls Teams**

### **Sunday, November 8, 2009**

**Club Name:** \_\_\_\_\_  
**Team Name:** \_\_\_\_\_  
**Team Colors:**      **Primary Color:** \_\_\_\_\_      **Alternate Color:** \_\_\_\_\_  
**Bracket:**      Girls       Boys   
**Age Group:**      U9 Intramural ONLY

### **Roster with Birth Dates**

	Player Name (Last Name, First Name)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

**MUST BE RETURNED WITH APPLICATION AND  
PAYMENT BY OCTOBER 20, 2009.**