

Halloween Blast Soccer Tournament Application

Please Type or Print Clearly

AGE DIVISION FOR 2007-2008 SEASON {circle one}:

Boys: U-10 U-11 U-12 U-13 U-14 Girls: U-10 U-11 U-12 U-13 U-14

U-10 fee = \$350 U-11/12 fee = \$400 U-13/14 fee = \$450

LEVEL REQUESTED {Circle one}:

Premier Competitive Recreational

State Association Affiliation: _____

Club and Team Name: _____

PRIMARY CONTACT: _____

{Receives all correspondence}

ADDRESS: {Street, City, State, Zip}

Telephone: _____

Fax: _____

E-Mail: {MANDATORY} _____

PRINT AND MAIL COMPLETED APPLICATION TO

Blast Soccer Club

Attn: Tournament Director – Jim Tabor

PO Box 1469

Fairhope, AL 36533

APPLICATION DEADLINE: Application must be postmarked no later than October 12, 2007