

11TH ANNUAL LTRC COUNTY CUP CLASSIC 2010 TEAM APPLICATION FORM

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

TEAM NAME: _____

FALL 2010 AGE GROUP: _____

(Age group the applying team will play in for the Fall 2010 season)

DIVISION (check one):

Boys:		Girls:	
Boys U-8	<input type="checkbox"/>	Girls U-8	<input type="checkbox"/>
Boys U-10 Gold	<input type="checkbox"/>	Girls U-10 Gold	<input type="checkbox"/>
Boys U-10 Silver	<input type="checkbox"/>	Girls U-10 Silver	<input type="checkbox"/>
Boys U-12 Gold	<input type="checkbox"/>	Girls U-12 Gold	<input type="checkbox"/>
Boys U-12 Silver	<input type="checkbox"/>	Girls U-12 Silver	<input type="checkbox"/>
Boys U-14 Gold	<input type="checkbox"/>	Girls U-14 Gold	<input type="checkbox"/>
Boys U-14 Silver	<input type="checkbox"/>	Girls U-14 Silver	<input type="checkbox"/>

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: _____

TEAM INFORMATION:

This Tournament is a "Pre-Season" Tournament and the objective is to provide each team with a minimum of three (3) competitive games. In order to meet this objective the Tournament Committee will place teams in either the Gold or Silver Brackets within their age groups. However the Committee reserves the right to move teams "up" or "down" an age group in order to maintain the competitiveness of the Tournament.

In order to assist the Committee with the Team Placement the following information is needed:

- Previous Season Information (the following information should be based on the Fall 2009 Season):

- Team Name: _____
- Level of League Play (circle one): A B Other _____
- Overall Team League Record: W _____ L _____ T _____
- Leagues Played (circle ones played in):
BBSL-A BBSL-B CMSA Saturday-A CMSA Saturday-B
CMSA Sunday-A CMSA Sunday-B Other _____
- Tournaments Played:

_____	W _____	L _____	T _____
_____	W _____	L _____	T _____
_____	W _____	L _____	T _____

PLAYER INFORMATION:

Please complete the Player Information section below as well as the Roster Form (attached at end of Application). The Roster Form must be completed and submitted in order for the Team's application to be considered complete.

- 2010 Season Player Information – The following information should be based on where your players played in the Fall 2009 Season, i.e. you are a U-12 Team with 3 returning A Level Players and 4 new players who played on a different A Level Team in 2009, then you would put down 7 for Number of A Players:
 - Number of Returning A Players: _____
 - Number of Returning B Players: _____
 - Number of New Players (meaning new to competitive soccer): _____

Failure to complete the above information will result in your team automatically being placed in the Gold Division. County Cup officials hold the right to classify any team in the Gold Division as they see appropriate based on any information available.

Due to field availability, space is limited in each division. Please enter as early as possible. Applications will be processed on a first-come first-served basis.

FEEES AND PAYMENT INFORMATION:

The fees for the 2010 LTRC County Cup Classic are as follows:

- U-8 Divisions – \$160.00
- U-10 through U-14 Divisions:
 - BEFORE July 30, 2010 – \$260.00
 - AFTER July 30, 2010 – \$285.00
- Referee Fees – Paid on Field prior to start of game.

Checks should be made payable to “LTRC Soccer.” Applications without a check attached will not be processed. Due to the nature of the tournament, once a team is accepted into the tournament, no refunds will be possible.

- Please mail completed Application to:
 - Scott Liotta
 - 7914 Ruxway Road
 - Baltimore, Maryland 21204

