



Maryland SoccerPlex SPRING Challenge

For Premier Level Soccer Teams

2008 APPLICATION FOR ACCEPTANCE

Please print out this application and PRINT OR TYPE information

March 8-9, 2008 – Boys Tournament

March 15-16, 2008 – Girls Tournament

Entry Deadline: February 23, 2008 – Boys Tournament

Entry Deadline: March 1, 2008 – Girls Tournament

Payment Information - \$700 per team

Credit Card #: _____ **Exp. Date:** _____ **V-Code (3-digit # on back):** _____

Amount: _____ **Signature of Card Holder:** _____

Check #: _____ **Amount:** _____ (Made payable to: **Maryland Soccer Foundation**)

Cash payments must be made in person.

Mail Application, Entry Fee and Roster to:

Maryland Soccer Foundation
18031 Central Park Circle
Boys, MD 20841

TEAM NAME: _____

AGE DIVISION (circle):

U16 boys or girls

U17 boys or girls

U18 boys or girls

born on or after 8/1/91

born on or after 8/1/90

born on or after 8/1/89

Manager (PRINT CLEARLY)		Coach (PRINT CLEARLY)	
Name		Name	
Address		Address	
City		City	
State	Zip	State	Zip
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email		Email	

TEAM PERFORMANCE

Name of the State Association (no initials) : _____

Name of League (no initials) for Fall '07 season: _____

Division (I, II, etc. if Applicable) _____

Fall '07 Record: _____ Wins _____ Losses _____ Ties _____ Place

Name of League (no initials) for Spring '07 season: _____

Division (I, II, etc. if Applicable) _____

Spring '07 Record: _____ Wins _____ Losses _____ Ties _____ Place

TOURNAMENT RECORD

Tournament Name: _____ City, State: _____

U- _____ Age Division; _____ Wins _____ Losses _____ Ties; Finishing Position: _____ Place

Tournament Name: _____ City, State: _____

U- _____ Age Division; _____ Wins _____ Losses _____ Ties; Finishing Position: _____ Place

Tournament Name: _____ City, State: _____

U- _____ Age Division; _____ Wins _____ Losses _____ Ties; Finishing Position: _____ Place

STATE CUP

When does your state hold its State Cup Competition? _____

Did your team participate in the last State Cup Competition held in your state? ____ Yes ____ No

How many teams participated in your age group? ____ Your finishing position: ____ Place ____ Wins _____ Losses ____ Ties

Refund Policy:

By submitting this application to the tournament, you are agreeing to participate in the tournament if accepted. Additionally, once application and payment is submitted, refunds are only to be given to teams that are not accepted. If your team decides not to participate after the application has been submitted (even if it is prior to receiving a tournament acceptance notice), a refund will not be given.

Name _____ Signature _____ Date _____