



Columbus Day Weekend
October 9-10 2010
Concord, New Hampshire



Team Application Form

Team Information

Team/Club Name: _____

City: _____ State: _____ Zip: _____

Coach: _____ Asst. Coach: _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____

Email: _____ Fax: _____

Team Performance History:

We ask for this information only as an aid to providing competition that is appropriate and enjoyable for all participants.

Current level of play: Division I Division II City/Town Rec

Record last season: Wins _____ Losses _____ Ties _____

Past tournaments: _____

Divisions/Fees - Deadline: September 16, 2010 Early Bird Discount deadline: September 1, 2010

Coed U9/EDP – 6v6 (Fee: \$315, early bird: \$275)

Boys U10 – 6v6 (Fee: \$340, early bird: \$300)

Boys U11 – 8v8 (Fee: \$390, early bird: \$350)

Boys U12 – 8v8 (Fee: \$390, early bird: \$350)

Boys U13 – 11v11 (Fee: \$465, early bird: \$425)

Boys U14 – 11v11 (Fee: \$465, early bird: \$425)

Girls U10 – 6v6 (Fee: \$340, early bird: \$300)

Girls U11 – 8v8 (Fee: \$390, early bird: \$350)

Girls U12 – 8v8 (Fee: \$390, early bird: \$350)

Girls U13 – 11v11 (Fee: \$465, early bird: \$425)

Girls U14 – 11v11 (Fee: \$465, early bird: \$425)

Payment

Please mail this application, along with appropriate entry fee (check or money order payable to Express Soccer Club) to:

2010 Kristine Lilly Capitol Cup Tournament
Express Soccer Club
75 South Main Street, Unit 7 PMB 267
Concord, NH 03301

Note: Teams from outside NH should include Permission to Travel application approved by their state association.

Kristine Lilly Capitol Cup 2010 • Express Soccer Club, Inc. •
75 South Main Street, Unit 7 PMB 267 • Concord, NH 03301
tel: 603-491-7970 •
www.capitolcup.org • capitolcup@gmail.com