

GEORGIA WOMEN'S SOCCER TOURNAMENT

December 12-13, 2009

TOURNAMENT APPLICATION

*\* Required Information*

\*TEAM NAME: \_\_\_\_\_  
\*STATE ASSOCIATION: \_\_\_\_\_  
\*LEAGUE AFFILIATION: \_\_\_\_\_  
\*CURRENT DIVISION: \_\_\_\_\_  
\*CURRENT RECORD: \_\_\_\_\_

\*CAPTAIN/MANAGER: \_\_\_\_\_  
\*ADDRESS: \_\_\_\_\_  
\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_  
\*HOME PHONE: \_\_\_\_\_ \*CELL: \_\_\_\_\_  
\*E-MAIL ADDRESS: \_\_\_\_\_

COACH/ALTERNATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

*DIVISION REQUESTED:	TEAM COLORS:
OPEN COMPETITIVE: _____	JERSEY: _____
OPEN RECREATIONAL: _____	SHORTS: _____
OVER 30 COMPETITIVE: _____	SOCKS: _____
OVER 30 RECREATIONAL: _____	ALT: _____

SIGNATURE: \_\_\_\_\_

Please send your completed application and a \$350.00 fee made payable to:

**HCSA ADULT TOURNAMENT**

**PO BOX 2788**

**McDonough, GA 30253**

**DEADLINE: 11/28/2009**

QUESTIONS? CONTACT mwhalulka@bellsouth.net
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Date Received: _____ Check Number: _____
<i>League use only:</i>