

M.C. United Soccer Club

7000 Chippewa, Suite 101

St. Louis, Missouri 63119

Email: tournament@mcunited.org

FAX NUMBER: (314) 260-9048

www.mcunited.org

6th ANNUAL COLLEGE SHOWCASE 2007

NOVEMBER 9-11TH, 2007

Team Information

Club Affiliation / Team Name

League Name & State association

Head Coach

Assistant Coach

Contact Person		Phone (home)	
Street Address		Phone (work)	
City, State, Zip		Phone (cell)	
Email Address		Fax number	
Alternate Email			

Division (Circle appropriate age group)

Girls U9 U10 U11 8V8 U12 8V8 U12 U13 U14 U15 U16 U17 U18 U19
Boys U9 U10 U11 8V8 U12 8V8 U12 U13 U14 U15 U16 U17 U18 U19

Team Record (outdoor only – last 12 months)

Spring League/Division _____ W____ L____ T____ Standing _____
Fall League/Division _____ W____ L____ T____ Standing _____

Tournament _____ Date _____ W____ L____ T____
Tournament _____ Date _____ W____ L____ T____
Tournament _____ Date _____ W____ L____ T____

Special Consideration/Conflicts

(Only conflicts submitted by October 10, 2007 in writing can be taken in to consideration in scheduling.)

ENTRY DEADLINE IS October 1, 2007.

Please mail application and tournament fee to:

**M.C. United Soccer Club
7000 Chippewa, Suite 101
St. Louis, MO 63119**

Entry Fee: \$ _____

U19B/G	\$575
U17/18B/G	\$575
U15/16B/G	\$525
U13/14B/G	\$500
U11/12B/G	\$450
U9/U10B/G	\$400

*If faxing application please mail tournament fee to address listed above and include team and age division on your check.