



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

7th Annual Spring Classic

April 4-6th 2008

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 U12 U13 U14
Boys U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

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 March 15th, 2008 in writing can be taken in to consideration in scheduling.)

ENTRY DEADLINE IS March 5th, 2008.

Please mail application and tournament fee to:

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

Entry Fee: \$ _____

U9	\$425
U10/11	\$475
U12	\$525
U13/14	\$550
U15/16	\$575
U17/18	\$600

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

Internal Use only:

ID # _____ EF _____ PA _____ CK _____ DR _____ AC _____ DM _____ HT _____