



THE THIRD ANNUAL CHARACTER CLASSIC APPLICATION FORM

AGE	FORMAT	FEE
Under 9-12	8v8	\$450
Under 13-14	7v7	\$450
HS age	6v6	\$450

TEAM NAME: _____ AGE: U _____ BOYS: _____ GIRLS _____

COACH: _____ EMAIL: _____

PHONE: (Home) _____ (Cell) _____ (Fax) _____
Include your area code Include your area code

MANAGER: _____ EMAIL: _____

PHONE: (Home) _____ (Cell) _____ (Fax) _____
Include your area code Include your area code

MAILING

ADDRESS: _____
Street City State Zip Code

SCHEDULING CONFLICTS:

RECENT TOURNAMENT: _____ RECORD: W _____ - L _____ - T _____ PLACED: _____

LEAGUE: _____ DIVISION: _____ RECORD: W _____ - L _____ - T _____ PLACED: _____

Tournament Fee: \$ _____ Check # _____ Payable to Sports City

Credit Card Type: _____ Card Number: _____ exp: ____ / ____

Name on Card _____

There is no guarantee of placement, though every effort will be taken to accommodate teams and group them in compatible groupings so as to make this tournament a great experience for all teams. Kansas City Metro teams may be scheduled for Friday night. All teams may be scheduled for games early Saturday morning. Games may be played on President's Day. Every effort will be made to accommodate scheduling conflicts, but there are no guarantees. The Directors reserve the right to refuse any team at any time. "A" Level teams desiring to play will be grouped with other teams of similar play or will be asked to play up.

ENTRY DEADLINE: February 1st, 2010. Full Payment must be attached to application.
For more information, contact: coachchilders@embarqmail.com or 816-215-1383.

Mail application and payment to: **Character Classic, % Kenda Childers, 9611 South Gibson Road, Lone Jack, MO 64070** or leave at **Sports City** to the attention of **Kenda Childers**.



All teams must supply the Tournament Team Waiver Form (which will be emailed upon receipt of application) and Player Passes or Birth Certificates at check-in.

ADD CHARACTER TO YOUR GAME!