

I-70 SUMMMER CHALLENGE



June 25-26-27, 2010

Entry:

\$325.00 per team ~ full payment required with application
3 game guarantee / minimum 4 teams per level

1st Place Prize:

Champion T-shirts AND refund of entry fee
Shirts will be ordered and mailed after the tournament.

Deadline:

Friday, June 4th (or until division is full)

Mandatory Team Check-In:

Youth teams: Thursday, June 24th from 7:00-9:00 pm
Adult teams: one (1) hour before first game

Location: SportsCity, 425 NE Mock Ave., Blue Springs, MO 64014

Contact: Tammy Baldwin 816-229-1314 or best tbaldwin@sportscitykc.com

Ages: Youth U12-HS

Adults must be 18 yrs and older. Players under 18 will not be allowed.

Format: U12 and Adult Coed will play 7v7 (includes goalie)

U13-HS, Men's Open and Men's 30+ will play 6v6 (includes goalie)

Level of Play: Competitive A-B-C **Note:** levels will be combined if needed

Games: (2) 20 minute halves (All "team talks" are to be done off the field.)

Game Times: Friday 6pm-12am / Saturday 6am-12am / Sunday 6am-6pm

Schedules: Not available until June 18th.

Requests: Only one (1) per team.



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Team Name: _____

Responsible Party: _____

Email: _____ (required)

Address: _____

City/State/Zip: _____

Phone: Day _____ Eve _____ Cell _____

Level of Play: Competitive A B C Note: levels will be combined if needed

Division: ___ Men's Open ___ Men's 30+ ___ Adult Co-ed

Note: players must be 18 or older to play in any adult division

Youth (U12-HS): B G Age Div: _____ oldest player on team

Youth Note: youth co-ed teams select Boys / all girl teams must play girls

Request: _____

Make Checks Payable to: SportsCity Mail To: 425 NE Mock Ave., Blue Springs MO 64014

Returned checks will have a \$50.00 NSF charge added

If using a credit card you can fax to: 816-229-1716

For Office Use Only: If using a credit card, please complete that info. We accept Visa, MasterCard, Discover, and American Express.

Check #: _____ Amount Due: **\$325.00** Credit Card Type: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____ Date: _____