



OCONOMOWOC SOCCER ASSOCIATION
2010 SPRING CLASSIC RECREATIONAL YOUTH SOCCER TOURNAMENT

APPLICATION

Club Name: _____

Team Name: _____

Team Color: _____

Team Contact: _____

Home Phone: _____ Cell Phone: _____

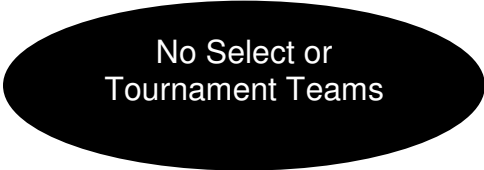
Email (required): _____

Address: _____

City: _____ Zip: _____

2009 Fall Season Record: Win _____ Loss _____ Tie _____

Age Division Girls U9 Boys/Co-Ed U9
 Girls U10 Boys/Co-Ed U10
 Girls U12 Boys/Co-Ed U12
 Girls U14 Boys/Co-Ed U14



I hereby, for myself, executors, administrators, heirs and above assignees release the Oconomowoc Soccer Association, Wisconsin Youth Soccer Association, officials, and representatives from all responsibilities resulting from any and all injuries sustained whilst participating or attending games, practices, or events as part of the 2010 Spring Classic Recreational Youth Soccer Tournament. I further agree to abide by the rules and regulations of the tournament and that the above information is accurate.

Signature of Team Contact: _____ Date: _____

ENTRY FEE \$200
Make Check payable to : Oconomowoc Soccer Association
Mail Application, Entry Fee, Official WYSA Team Roster and
Medical Release and Liability Forms to:
2010 Spring Classic
Oconomowoc Soccer Association
P.O. Box 586
Oconomowoc, WI 53066