

**9th ANNUAL PUYALLUP VALLEY KICK-OFF TOURNAMENT
Puyallup, WA**

APPLICATION DEADLINE: AUGUST 21

TEAM NAME: _____ CLUB: _____ ASSOCIATION _____

BOYS TEAM GIRLS TEAM AGE GROUP FOR 2010 SEASON: U-__ WYS TEAM ID # _____

Please Print Legibly

COACH'S NAME: _____ Telephone: _____ Cell: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

I have read the 2010 PVKO Rules, and agree to abide by them (Head Coach's Signature) _____

Teams will not be placed without a coach's signature. Please read the rules and sign before mailing application and tournament fees.

MANAGER'S NAME: _____ Club Registrar's Name: _____

Phone Number: _____

E-mail _____ Telephone: _____ Cell: _____

A primary source of communication between teams and the tournament director will be by email. Please provide accurate email accounts

2009 - 2010 SEASON - LEVEL OF PLAY CLASSIFICATION:

- What league did your team participated in last year? _____
Example (TPC/JSA/Home Gold or District 3- Gold Emerald)
- Record of your team last year: Wins _____ Losses _____ Ties _____ What place did you finish (1st..2nd) _____, out of how many teams _____
- How many returning players this season? _____ Will you have guest players? Y/N _____ How many? _____
- Are you a recreation team: _____ or a select _____ team for the 2010 year? If you had tryouts, how would you characterize them as: Competitive with cuts _____ or Non-competitive with no cuts _____
- From 1 to 10, (10 being highest) rate your strength going into the 2010 season: _____
- Will your players be back to school prior to Labor Day Y/N _____ Roughly how many miles will you be traveling _____

Note: Per 2010 PVKO tournament rules, teams may be required to play up in age. We will normally group select and recreation teams separate provided there are enough teams for a particular age group. Strong recreation teams may be grouped with select teams.

Please direct application/tournament questions to: pvkickoff@yahoo.com

Please include with your application the following:

1. Preliminary Team Roster (include names and birth dates) this does not require a registrar's signature
2. Entry Fee: **\$385.00 U12-U18 or \$350.00 U11 (Payable to Puyallup Soccer Club)**
3. This application (completely filled out)

Mail Application to:
Michael Peters
Tournament Director
1125 22nd Ave Ct SW
Puyallup, WA 98371

*Final Roster is due 1 hour before your first game, and must include your Club's Registrar Signature

*Teams that have not submitted payment by August 21, 2010, will be dropped.

*No refunds will be given due to bracket placement objections by a team.

Official Use Only:

Date Received: _____

Check #: _____