

**CLARKSVILLE KAOS/ROYALS SPRING  
INVITATIONAL SOCCER TOURNAMENT  
May 14-16, 2010**

Team Name: \_\_\_\_\_ Club: \_\_\_\_\_

Age Division for 2009-2010 season: **(Circle One)**

**Girls:** U-9 – U-10 – U-11 – U-12 – U-13 – U-14 – U-15 – U-16 – U-17 – U-18 – U-19

**Boys:** U-9 – U-10 – U-11 – U-12 – U-13 – U-14 – U-15 – U-16 – U-17 – U-18 – U-19

If there are a sufficient number of teams in your age group, do you prefer playing in the more competitive grouping? **(Circle One)** Yes No

State Association: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Home # \_\_\_ - \_\_\_\_\_ Work # \_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manager: \_\_\_\_\_ Home # \_\_\_ - \_\_\_\_\_ Work # \_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send all Correspondence to: **(Circle One)** Coach – Manager – Other

E-mail address for all correspondence (required) \_\_\_\_\_

Tournament Record (Last 3 entered):

Tournament \_\_\_\_\_ Won: \_\_\_\_\_ Lost: \_\_\_\_\_ Tied: \_\_\_\_\_ Place: \_\_\_\_\_

Tournament \_\_\_\_\_ Won: \_\_\_\_\_ Lost: \_\_\_\_\_ Tied: \_\_\_\_\_ Place: \_\_\_\_\_

Tournament \_\_\_\_\_ Won: \_\_\_\_\_ Lost: \_\_\_\_\_ Tied: \_\_\_\_\_ Place: \_\_\_\_\_

**I understand that if a team is not accepted, the entry fee will be returned in full. I further understand that if a team is accepted and later withdraws, the entry fee is forfeited and that no refund will be made in the event of cancellation or shortening of any matches due to inclement weather.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

ENTRY DEADLINE: May 1, 2010.

Make check payable to the "Clarksville Shootout" and mail to:

Mark Nolan  
2559 Everwood Court  
Clarksville, TN 37043  
Phone (Home) (931) 358-3038 (cell) (931) 206-0504  
e-mail: [kaosoccer@charter.net](mailto:kaosoccer@charter.net)