



Green Mountain Challenge Soccer Tournament Application
 Weston, Vermont
 June 17 & 18, 2016
 (Entry/Application Form: Deadline – May 1, 2017)

	U-10	U-12	U-14	U-16/18	
Boys					
Girls					

(Put X in box for age bracket) (One entry form per team)

Team Name: _____ **Age of Team:** _____

Club Name: _____

Coach: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Email:** _____

Contact Person: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Email:** _____

Team Colors: Jersey: _____ Alt Jersey: _____ Shorts: _____

Have you attended the Green Mountain Challenge before? Yes ___ No ___ Year _____

How did you hear about us? _____

League: _____

Level of play requested: Travel/Select Team _____ or Club Team _____

Short Description of Team: (League and Tournament records, competition level, etc.)

I hereby submit my team's application and fee of \$635.00 (U-10 teams are \$535) with the understanding that my entire application fee will be refunded if my team is not accepted. I also understand that once my team has been notified of acceptance, withdrawal from the tournament will result in forfeiture of the entire application fee, and that no refund will be made in the event of cancellation or shortening of any matches due to inclement weather.

Signature: _____ **Date:** _____

MAIL COMPLETED APPLICATION AND CHECK OR MONEY ORDER TO:

Southern Vermont Mountain Soccer (SVMFusion)

PO Box 433, Manchester, VT. 05254

Please contact Les Jorgensen at 802-549-5016 - les@lesjorgensen.com

For Official Use Only:	Date received _____ Accepted _____
	Check # _____ Not Accepted _____
	Check Refund Date _____ # _____