



Holiday Klassic 2009 Registration Form

Tournament Dates: **December 21st, 2009 – December 30th, 2009**

Application Deadline: **Wednesday December 16th, 2009**

District Association

Registered for Indoor **2010** (Yes/No): _____

Age Group

Birth Year of Oldest Player: _____ and check where appropriate below

- Boys: U9(2001)[] U10(2000)[] U11(1999)[] U12(1998)[]
 U13(1997)[] U14(1996)[] U15(1995)[] U16(1994)[]
 Girls: U9(2001)[] U10(2000)[] U11(1999)[] U12(1998)[]
 U13(1997)[] U14(1996)[] U16(1994)[]

Team Information

Club Name: _____
 Team Name: _____
 Team Colours: _____
 Alternate Colours: _____
 Coach Name: _____
 Coach Email: _____ Phone: _____
 Manager Name: _____
 Manager Email: _____ Phone: _____

Send all Tournament Information via Email to: Coach [] and/or Manager [] (Check where appropriate)

Team Standing – Outdoor 2009

League (Please circle):
 OYSL CGSL CSL SCYSL Other: _____
 Division (Please circle):
 PREMIER ELITE 1st 2nd 3rd A B Other: _____
 Standing: _____ Record (W/L/T): _____

TOURNAMENT ENTRY FEE: \$350

Please make cheque payable to South Simcoe United FC and mail with this form to:

SSU Holiday Klassic c/o Chris Barnett
 P.O. Box 358
 ALLISTON, ON
 L9R 1V6

Confirmation email will be sent upon receipt of form and funds. If you have any questions, please Email

ctbarnett@rogers.com

Tournament Schedule will be Emailed and available on the Club Website: www.southsimcoeunited.ca

on or before **December 19th, 2009**