



Kris Thetford Memorial Cup Tournament Application



Age Groups: U5 thru U19 Recreational Boys/Coed and Girls Teams
U9 and U10 Boys/Coed and Girls Academy Teams
U11 thru U19 Competitive Boys/Coed and Girls Teams

Team Name: _____ Boys /Coed U- _____ Girls U- _____

Team Colors: _____ Alternate Colors: _____

Circle One:
Competitive Team Recreational Team Academy Team

Coach/Manager: _____

Contact Address: _____

City/St/Zip: _____ Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail, please print legibly: _____

(NOTE: provide an e-mail address of the coach, manager, or team contact. Tournament information will be available by e-mail and web site only. Info will not be mailed.)

Conflicts: _____

Home Association: _____ State Association: _____

Last Spring Season Record
W ___ L ___ T ___

Last Fall Season Record
W ___ L ___ T ___

Combined Tournament Record
W ___ L ___ T ___

Tournament Name(s): _____

Teams will be bracketed by the age group in which they will play in the current Fall Season.
Three guest players are allowed for Recreational and Academy teams and a maximum of five guest players are allowed for Competitive teams.

- Submit: 1) Completed Entry Form,
2) Latest Fall Roster (signed by the Registrar) and
3) Check made payable to Cleburne Soccer Association or CSA to:

Cleburne Soccer Association
c/o Tournament Director
PO Box 255
Cleburne, TX 76033

For information contact the Tournament Director at the Cleburne Soccer Association office at (817) 641-7622.

Please get your Entry Form, Roster, and Check by the application deadline to secure your reservation in the Tournament. By submitting this application, team representatives acknowledge that they have read and understand the tournament rules.