



Bruce Tower Memorial - Tri County Classic
Small Sided Soccer Tournament
Event Application

AGE DIVISION _____ BOYS OR GIRLS _____ COED _____

TEAM NAME _____ JERSEY COLOR _____

COACH'S NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STATE ASSOCIATION NAME/AFFILIATION _____ North Texas State Soccer Assoc. _____

LOCAL ASSOCIATION NAME/AFFILIATION _____

**** PLEASE SEND IN THE FOLLOWING:**

1. Entry Fee in Cashier Check, Money Order or Association Check made payable to T.C.S.A.

(No personal checks accepted)

Fees: 6U & 8U = \$ 75.00

All Others = \$100.00

2. As coach of the _____ team, I certify that this is our official
Team Roster as registered with NTSSA. (Roster must be signed by registrar)

Signature of Coach _____

RETURN THIS FORM, ENTRY FEE, & ROSTER NO LATER THAN April 30, 2018 TO:

TRI-COUNTY SOCCER ASSOCIATION

TOURNAMENT COMMITTEE

PO BOX 157

MABANK, TEXAS 75147

FOR MORE INFORMATION, CONTACT: Candi Conner: (903) 887-3138

1. Notification date for acceptance will be no later than May 7, 2018. Refund checks for non-acceptance will be sent by this date as well. Tri-County Soccer Association reserves the right to delay games or cancel the tournament in the event of severe weather conditions. If inclement weather cancels the tournament prior to the first scheduled game, all teams will receive a refund equal to 50% of their entry fee. If inclement weather cancels the tournament after scheduled games have started, refunds will be given at the discretion of the tournament.