

Thanksgiving Showcase

2010 Application Form

TYPE OR PRINT ONLY - PRINT OUT THIS FORM

Teams will be accepted based on information provided.

Entry Deadline: October 5, 2010

We strongly encourage you to send in your application as early as possible.
We have limited spots and they fill up quickly.

Your check or Money Order in the amount of \$750.00 must accompany this application.

Team Name: _____ Age Group: U- _____

Representing City and State: _____

Coach: _____ Manager: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Country & Postal Code: _____ Country & Postal Code: _____

Home Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____ Work Phone (_____) _____

Email: _____ Email: _____

Send all correspondence to : Coach Manager

Name of your State Association (no initials) in which your team registers: _____

LEAGUE INFORMATION

Full Name of League (no initials) in which your team played its games: _____

Spring Record: _____ Wins _____ Losses _____ Ties _____ Place _____

Fall Record: _____ Wins _____ Losses _____ Ties _____ Place _____

How many players do you have returning from your last year's roster: _____

TOURNAMENT RECORD

Tournament Name: _____ City, State _____

Date: _____ Age: U- _____ Bracket: (Gold, Silver, Cup, etc.) _____

Wins _____ Losses _____ Ties; Results: _____ Place _____

Tournament Name: _____ City, State _____

Date: _____ Age: U- _____ Bracket: (Gold, Silver, Cup, etc.) _____

Wins _____ Losses _____ Ties; Results: _____ Place _____
(Attach an additional sheet if required.)

NOTABLE COMPETITORS

Has your team competed against State Champions, Regional Champions or nationally prominent teams at either tournaments or friendly games within the past calendar year?

Team: _____ State: _____ Your Score _____ Their Score _____

This team is notable because: _____
(i.e., 2009 Missouri State Champion, 2009 WAGS Cup Champion, etc.)

Team: _____ State: _____ Your Score _____ Their Score _____

This team is notable because: _____
(i.e., 2009 Missouri State Champion, 200* WAGS Cup Champion, etc.)

STATE CUP

Did your team participate in your state's State Cup Competition? Yes _____ No _____

How many teams participated in your age group? _____ Your finishing position: _____

_____ Wins _____ Losses _____ Ties

REGIONALS

Did you advance to Regional Competition? _____ Yes _____ No

Did you advance? _____ Yes _____ No If yes, how did you finish? _____ Place

NATIONALS

How did you finish? _____ 1 _____ 2 _____ 3 _____ 4

Please make check (\$750.00) payable to D'Feeters Soccer Club and mail to:

Thanksgiving Showcase
P.O. Box 38643
Dallas, TX 75238-0643

FOR TOURNAMENT COMMITTEE USE ONLY

Date Rec'd: _____ Fee Pad: \$ _____ Check #: _____ Acceptance/ Rejection Mailed: _____

Notes: _____