

CGSA Savannah Senior Cup 2003 December 13th & 14th, 2003

Tournament Application

Entry deadline: Saturday, November 15th, 2003 (Max. 60 Teams)

Amt \$ _____

Chk# _____

Received by:

Team Name: _____

Gender Team: Girl Boy Age: U15 U16 U17 U18 U19

Your Team's State Playing Level: _____ (i.e., Premier, Classic, Athena)

COACH: _____

PHONE DAY: _____

Address: _____

PHONE EVENING: _____

City: _____

State: ____ Zip: _____

Fax: _____

Email: _____

MANAGER: _____

PHONE DAY: _____

Address: _____

PHONE EVENING: _____

City: _____

State: ____ Zip: _____

Fax: _____

Email: _____

Send future Mailings to (Choose one) Coach Manager

To provide parity in divisions, please complete the following:

Team History Previous Spring: _____

Team History Previous Fall: _____

Team Tournament History: _____

How long has this team played together? _____

Other Information: _____

Return this form with your entry fee of \$400 by Saturday, November 15th, 2003 to:

CGSA Savannah Senior Cup 2003
#16 Medical Arts Center • Savannah, GA 31405

Dek Smith, Tournament Director

CGSA Office (912) 691-2472 • Fax (912) 691-1632 • Cell (912) 844-0203

Email tournament@cgsasoccer.org • Website www.cgsasoccer.org