

2nd Annual Menace Futsal Tournament
2009 Application

Team Information

Team Name: _____

Representing City / State: _____ / _____

Coaches Name: _____ Coaches Cell: _____

Coaches Email: _____

Age Division: U12 U14 U16 Open Division

Age category you wish to compete in (Please Check One): Boys Girls

Would your team be willing to play up an age group if necessary? Yes No

Contact you prefer that all Tournament Correspondence be mailed to: Coach Team Manager

Contact Name: _____ Contact Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (required): _____

*Note: Very important that the email address given is checked often for tournament updates.

Team Performance

Which of the following best describes the league your team participates in:

- Top teams are very competitive at the regional/national level tournaments (i.e., USYSA Regionals)
- Top teams compete at regional/national level but don't usually advance from their group
- Teams don't usually enter regional/national level tournaments, but fair well at premier tournaments

League Name: _____ Division (I, II, etc.): _____

Spring '08 Record: _____ wins _____ losses _____ ties Place: _____

Fall '08 Record: _____ wins _____ losses _____ ties Place: _____

Did your team participate in State Cup Competition? Yes No Place: _____ Record: _____

Other Notable Competitions (please include previous Menace Tournament results)

Event Name(1): _____ City/State: _____

Place: _____ Record: _____ wins _____ losses _____ ties

Event Name(2): _____ City/State: _____

Place: _____ Record: _____ wins _____ losses _____ ties

Payment Options – (team entry fee of \$250 must accompany this application)

Check Enclosed (payable to: Menace Futsal Tournament)

Credit Card CC#: _____

Exp: _____ Signature: _____

****NO REFUNDS AFTER ACCEPTANCES HAVE BEEN MADE****

Mail Application To: Menace Futsal Tournament
 Attn: Tawnya Mann
 6400 Westown Parkway
 West Des Moines, Iowa 50266

Application Deadline –January 2, 2009