KC Legends College Showcase

At the Raytown Soccer Complex in Raytown, MO

July 24th-25th, 2010

ENTRY DEADLINE June 25th

Team Name_____ Club Name_____

PRIMARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____

NAME ADDRESS CITY STATE ZIP

_____ _____ _____

PHONE DAY PHONE EVENING E-MAIL (please print clearly, all correspondence via e-mail)

SECONDARY CONTACT *CIRCLE ONE:* **TEAM LEADER COACH**

_____ _____ _____ _____ _____

NAME ADDRESS CITY STATE ZIP

_____ _____ _____

PHONE DAY PHONE EVENING E-MAIL (please print clearly, all correspondence via e-mail)

TEAM HOTEL COORDINATOR

NAME_____PHONE DAY_____PHONE EVE'_____

For acceptance into the Tournament hotels must be booked from our approved hotel list. This list is available on-line at www.kclegends.com. Click on the tournament tab. Select the event that you will be attending and click the hotel link

TYPE **Male Female** DIVISION: (Circle One) **DI DII**

2009 – 2010 U.S.Y.S.A. AGE GROUP (CIRCLE ONE):

U14 95/96 U15 94/95 U16 93/94 U17 92/93 U18 91/92 U19 90/91

STATE CUP RECORD: **W_____L_____T_____** REGIONALS RECORD: **W_____L_____T_____**

RECORD FROM 2 TOURNAMENTS

NAME_____W_____L_____T_____

NAME_____W_____L_____T_____

College Roster needs to be received by July 9th to be included in our packet that will be given to all College Coaches.

PAYMENT MUST ACCOMPANY APP' $_____Entry Fee: $695 DEADLINE: June 25th

Check #_____enclosed (make checks to KC Legends) CIRCLE ONE: VISA MASTERCARD DISCOVER

Credit card_____ _____ _____

NAME ON CARD CARD # Security Code EXP DATE

Special Scheduling requests:_____

_____

Mail To: College Showcase, 8255 Melrose, Lenexa, KS 66214. Or Sign Up By Phone 800-877-3790 Zack x33 or fax to 913-851-3431 Credit Card Only on Fax & Phone Sign-Up. e-mail at zack@kclegendssoccer.com Web site: www.upper90.com or www.kclegends.com

Teams that withdraw after entry deadline forfeit their entry fee. If tournament is cancelled beyond our control all but $300 will be refunded.