The Patriot Cup

At Raytown Soccer Complex, Raytown, MO

May 28-31, 2010

ENTRY DEADLINE Friday, April 30

Team Name_____ Club Name_____ Club City_____

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 or www.upper90.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) **DII D III DIV**

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

U8-01/02 U9-00/01 U10-99/00 U11-98/99 U12-97/98 U13-96/97 U14-95/96 U15-94/95 U16-93/94 U17-92/93 U18- 91/92

U8 thru U10/6v6 U11/ 8v8 U12/8v8 and 11v11 U13 and up/11v11

Team Record — Please list league and tournament standing details: Please add detail page if room is insufficient.

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PAYMENT MUST ACCOMPANY APP' $_____Entry Fee: U8-U10 $450 U11-U12 $485 U13-U19 $550

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

Credit card_____ _____ _____

NAME ON CARD CARD # Security# EXP DATE

Special Scheduling requests:_____

_____

Mail To: Patriot Cup, 8255 Melrose, Lenexa, KS 66214. Or Sign Up By Phone 800-877-3790 Chree x 34 or fax to 913-851-3431
Email: chree@soccerexcellencekc.com Web site: 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.