



2019 HEADS-UP CUP (September) SOCCER TOURNAMENT APPLICATION FORM

Incomplete forms will not be accepted.

Club Name: _____ Date: _____
 Address: _____
 City/Province: _____ Postal/Zip Code: _____
 Telephone: _____ Email: _____

Please complete all information

COACH:
Address:
City/Prov:
Postal/Zip:
Tel. Home:
Tel. Work:
Email:

MANAGER:
Address:
City/Prov:
Postal/Zip:
Tel. Home:
Tel. Work:
Email:

Contact person: Coach Manager

Text #: _____
(for tournament weekend updates)

Team Name: _____ # of Players: _____ # of Coaches: _____

Team League: (e.g. SWRSL, HDSA)

Team Division: (e.g. L5, 2nd Div, Etc.)
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Team Age Division: (circle/highlight one)

Boys:	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18
Girls:	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18

Entry fees: U9-U10 - \$225; U11-U12 - \$295; U13-U18 - \$425

Team Colours:	Jerseys :	Shorts:
	Alternate:	Alternate:

Team History: (2017) U13- U18 only

Tournament #1	Wins	Losses
Tournament #2	Wins	Losses
2017 Region/League Record:	Wins	Losses

Send your application to:

Make cheques payable to : **HEADS**

HEADS attn: Michael Glogowski

4998 Sixth Line,
Acton, ON L7J 2L8

Email: coachmike@theorthoticworks.com

Tel: 647 236 2256