



# Arctic Classic Indoor Youth Soccer Tournament

## 2018 Tournament Application – PRINT OR TYPE INFORMATION

Entry Deadline: December 17, 2018

PAPERWORK DUE BY DECEMBER 21, 2018

### Payment Information - \$350 PER TEAM (Must accompany application at time of submission)

#### Payment Information

- Credit Card: (circle one)      VISA                      MasterCard                      Discover  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 V-Code (3-digit # on back): \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_  
 Signature of Card Holder: \_\_\_\_\_
- Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (Made payable to: Maryland Soccer Foundation)  
*No checks accepted after December 10, 2018*
- Cash: *Payments must be made in person.*

#### Return Application, Entry Fee, and Roster to:

**Mail:** Maryland Soccer Foundation                      **OR**                      **Email:** [kwalter@mdsoccerplex.org](mailto:kwalter@mdsoccerplex.org)  
 18031 Central Park Circle  
 Boyds, MD 20841

#### REFUND POLICY:

By submitting this application, you are agreeing to participate in the tournament if accepted. Once application and payment are submitted, refunds are only to be given to teams that are not accepted. If your team decides not to participate after being accepted, a refund will not be provided. If inclement weather cancels the tournament prior to the start of the first scheduled game, a full refund will be given to teams who are scheduled to play.

**TEAM NAME:** \_\_\_\_\_

AGE DIVISION: (circle one)      9U      10U      11U      12U      13U      14U      15U      High School (16/17/18U)

GENDER: (circle one)              Boys              Girls

Name of League where team played its Fall '18 games: \_\_\_\_\_

Division (I, II, etc. if Applicable) \_\_\_\_\_ Fall '18 Record: \_\_\_\_\_ Wins \_\_\_\_\_ Losses \_\_\_\_\_ Ties \_\_\_\_\_ Place \_\_\_\_\_

Do you play in the indoor youth soccer league at the Discovery Sports Center? (circle one)      YES      NO

Manager (PRINT CLEARLY)	Coach (PRINT CLEARLY)
Name	Name
Address	Address
City	City
State                      ZIP	State                      ZIP
Phone	Phone
Email	Email