



2009 TOURNAMENT REGISTRATION FORM

Please use the form below to register your team. Only the team information is needed at this time. This includes team name, team information and the team organizer's contact information. Final team rosters, including player names, birthdates and parent signatures are due prior to the event, but are not needed to register the team.

You can download the Team Roster from the Forms area of the website. Please bring the completed Roster to Tournament Registration on game day.

Once registration and payment are received, additional instructions will be sent to the email address you indicated for the team's organizer. **All registration fees are final. No refunds will be granted.**

Thank you for registering for the Chick-fil-A® 2009 Regional Soccer Tournament.

The tournament registration fee is \$250 per team until May 31, 2009. After May 31, 2009 the fee is \$300 per team. Registration is limited to the first 100 teams.

WEB

www.mdcfa.com
(Visa, MasterCard or Discover)

MAIL

CMSportz, LLC
PO Box 603
Jarrettsville, MD 21084-0603

FAX

410-692-0719
(Visa, MasterCard or Discover)

Please Print or Type

Team Name	Soccer Organization															
Team Organizer Name	Team Organizer Email															
Team Organizer Phone																
<p style="text-align: center;">Competition Group</p> <input type="checkbox"/> Male Team <input type="checkbox"/> Female Team <input type="checkbox"/> Coed Team	<p style="text-align: center;">Team Type</p> <input type="checkbox"/> Recreation Team (Recreation) <input type="checkbox"/> Competitive Team (Select/Travel)															
<p style="text-align: center;">Age Division</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> High School Division</td> <td style="width: 33%;"><input type="checkbox"/> Under 15</td> <td style="width: 33%;"><input type="checkbox"/> Under 10</td> </tr> <tr> <td><input type="checkbox"/> Under 19</td> <td><input type="checkbox"/> Under 14</td> <td><input type="checkbox"/> Under 9</td> </tr> <tr> <td><input type="checkbox"/> Under 18</td> <td><input type="checkbox"/> Under 13</td> <td><input type="checkbox"/> Under 8</td> </tr> <tr> <td><input type="checkbox"/> Under 17</td> <td><input type="checkbox"/> Under 12</td> <td><input type="checkbox"/> Under 7</td> </tr> <tr> <td><input type="checkbox"/> Under 16</td> <td><input type="checkbox"/> Under 11</td> <td><input type="checkbox"/> Under 6</td> </tr> </table>		<input type="checkbox"/> High School Division	<input type="checkbox"/> Under 15	<input type="checkbox"/> Under 10	<input type="checkbox"/> Under 19	<input type="checkbox"/> Under 14	<input type="checkbox"/> Under 9	<input type="checkbox"/> Under 18	<input type="checkbox"/> Under 13	<input type="checkbox"/> Under 8	<input type="checkbox"/> Under 17	<input type="checkbox"/> Under 12	<input type="checkbox"/> Under 7	<input type="checkbox"/> Under 16	<input type="checkbox"/> Under 11	<input type="checkbox"/> Under 6
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<input type="checkbox"/> Under 16	<input type="checkbox"/> Under 11	<input type="checkbox"/> Under 6														

Billing Information			Payment Options	
Name			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Address			Account Number	
City	State	Zip Code	Expiration Date	CSC Code (3 or 4 digit ID# on back)
E-mail			Authorized Signature	
Phone			<input type="checkbox"/> Check or money order made payable to CMSportz, LLC A \$50 fee will be assessed on any returned checks due to insufficient funds.	Check #

Registration forms without payment will not be processed.