

2nd Annual Joey Uvalle Soccer Classic - May 6, 2007

3 v 3 APPLICATION - Tournament Format - Entry Deadline May 1st, 2007

This Application will be used as your Team Roster, Please insure your Team has a Copy of this Application for each game.

**Games Times will be posted May 4, 2007@ www.joeyuvallesoccerclassic.org
Email dave.arnott@cityoforlando.net for further information**

Team Name: _____ **check one: BOYS/COED** **GIRLS**

AGE GROUP: pls check one (U4-U5____) (U6-U7____) (U8-U9____) (U10-U11____)
(U12-U-13____) (U14-U18____) *High School (U19 & Above____) *Adults

| | |
|---------------------------|--------------|
| Contact Name (must have) | |
| Contact Address | |
| City State Zip | |
| Contact Email (must have) | |
| Contact Phone | Cell Phone |
| T-Shirt Size | AS AM AL AXL |

**\$150 Non-Refundable Entry Fee must accompany your application form.
Cash, Check or Money Orders accepted.
Make payable to: Joseph Uvalle Trust Fund
Mail to:
Joey Uvalle Friends & Family Trust Fund
P.O. Box 540027
Orlando, FL 32854-0027**

Drinks & Food will be available for purchase @ Concession
Players...Please Bring 2 Shirts...One Light / One Dark

| | |
|---|---|
| PLAYER #1 Birthdate (MM/DD/YYYY) / / | PLAYER #2 Birthdate (MM/DD/YYYY) / / |
| Name | Name |
| Address | Address |
| City / State / Zip | City / State / Zip |
| T-Shirt Size | T-Shirt Size |
| YM YL AS AM AL AXL | YM YL AS AM AL AXL |
| male <input type="checkbox"/> | male <input type="checkbox"/> |
| female <input type="checkbox"/> | female <input type="checkbox"/> |
| Signature - Players or Parent (if player is under 18) | |
| PLAYER #3 Birthdate (MM/DD/YYYY) / / | PLAYER #4 Birthdate (MM/DD/YYYY) / / |
| Name | Name |
| Address | Address |
| City / State / Zip | City / State / Zip |
| T-Shirt Size | T-Shirt Size |
| YM YL AS AM AL AXL | YM YL AS AM AL AXL |
| male <input type="checkbox"/> | male <input type="checkbox"/> |
| female <input type="checkbox"/> | female <input type="checkbox"/> |
| Signature - Players or Parent (if player is under 18) | |
| PLAYER #5 Birthdate (MM/DD/YYYY) / / | PLAYER #6 Birthdate (MM/DD/YYYY) / / |
| Name | Name |
| Address | Address |
| City / State / Zip | City / State / Zip |
| T-Shirt Size | T-Shirt Size |
| YM YL AS AM AL AXL | YM YL AS AM AL AXL |
| male <input type="checkbox"/> | male <input type="checkbox"/> |
| female <input type="checkbox"/> | female <input type="checkbox"/> |
| Signature - Players or Parent (if player is under 18) | |

Acceptance of Sportsmanship, Responsibility, and Waiver: Every player (or parent/guardian if the player is under the age of 18) must sign this form. Signatures on this form signify that each person has read, understands and will abide by this information. There are risks associated with participation in this soccer classic and its related activities. I release and discharge 2nd Annual Joey Uvalle Soccer Classic, Event Sponsors, Event Charities (collectively known as event organizers) and the workers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity promotions, without need for any reimbursement or fee paid.

Received -

Check # -

WebPost -