

# 3 V 3 1st Annual Indoor Tournament 2010

**Deadline: March 27 2010. 545 Consumers ave, Palatine IL60074**

Team Name: \_\_\_\_\_ Club (if applicable): \_\_\_\_\_

check one: MALE[  ] FEMALE[  ]      check one: REC[  ] COMP[  ]

AGE GROUP (U6\_\_)(U7\_\_)(U8\_\_)(U9\_\_)(U10\_\_)(U11\_\_)(U12\_\_)(U13\_\_)(U14\_\_)(U15\_\_)(U16\_\_)(U17\_\_)(U18\_\_)

ADULTS: [  ] ADULT OPEN [  ] ADULT COED [  ] ADULT OVER 30

Coach Name \_\_\_\_\_ Contact Name (must have) \_\_\_\_\_

Coach Address \_\_\_\_\_ Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Coach Email \_\_\_\_\_ Contact Email (must have) \_\_\_\_\_

Coach Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_

<p><b>CAPTAIN</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>	<p><b>PLAYER 2</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>
<p><b>PLAYER 3</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>	<p><b>PLAYER 4</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>
<p><b>PLAYER 5</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>	<p><b>PLAYER 6</b>      Birthdate MM/DD/YYYY male[ <input type="checkbox"/> ]female[ <input type="checkbox"/> ]</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>T-Shirt Size YM YL AS AM AL AXL</p> <p style="text-align: center;">SIGNATURE Player or Parent/Guardian (if player is under 18)</p>

\$150 non refundable entry fee must accompany your application form.  
Make Cashiers check or money order payable to: Ruben Moyo or Eliu Orozco Mail to: 545 Consumers Ave Palatine, Illinois 60074.

MasterCard       Visa       Exp Date \_\_\_\_\_

Card # \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use Only:  
Receipt# \_\_\_\_\_ Amount\$ \_\_\_\_\_ Check# \_\_\_\_\_ Charge \_\_\_\_\_ Cash \_\_\_\_\_

Initials \_\_\_\_\_

**Point System**

**Win 3 Tie 1 Loss 0**

**1:Points                      4:Head to Head**

**2:Most Goals                5:Coin toss**

**3:Goals against**

*3 games guaranteed*