

*20<sup>th</sup> Annual Rosemary Stahr Memorial Soccer Classic*  
*(Formerly the Yorkfest Soccer Tournament)*

*U - 9 through U- 19 Boys and Girls*

*September 5 through September 7, 2009*  
*Labor Day Weekend*

*Hosted by*  
*York Pumas Soccer Club*

**Tournament Application & Registration**

(Please Print)

**CLUB NAME:** \_\_\_\_\_

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

**Age Group (Fall, 2009 season):**    **Boys U-**\_\_\_\_\_    **Girls U-**\_\_\_\_\_

**Coach:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Contact Person Other than Coach:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**TEAM INFORMATION :**

**Association/League in which your team plays:** \_\_\_\_\_

**Your team's Win/Loss and Tournament play history:**

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**Club/Association President:** \_\_\_\_\_

**Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_**

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Send this Registration and Entry Fee (*applications will not be accepted without entry fee*) made payable to the York Pumas Soccer Club postmarked no later than **August 15, 2009**

Entrance Fees: \$175 (U-9 and U-10)      \$300 (U-11 and U-12)

\$375 (U-13 and U-14)      \$375 (U-15 thru U-19)

Mail to: Rosemary Stahr Memorial Soccer Tournament Director

P.O. Box 233

York, Nebraska 68467