

MEMORIAL CLASSIC 2010

MAY 22 - 23, 2010



MEMORIAL CLASSIC 2010

- Tournament Date: ► May 22 - 23, 2010
Registration Dead line: ► April 30, 2010
Level: ► Mid and Lower Level Teams
Age Groups ► Boys U8 - U14
Girls U8 - U14
Location: ► Elgin Sports Complex, Elgin
Price: ► \$ 425.00 per team



The Memorial Classic 2010 is under way! The tournament is designed for mid- to lower-level teams, matched accordingly by a trained staff to promote fast-paced, competitive games!

With more than 16 years of experience organizing successful youth soccer tournaments in the Chicagoland area, we are positive your team will have a fun and exciting experience. Please forward any team history that might help assist us in accurately grouping the competition.

We look forward to having you be a part of the Memorial Classic 2010 !

FOR MORE INFORMATION 847-788-5315

RULES AND FORMS ARE AVAILABLE @ www.chicagotournaments.com
545 Consumers Avenue, Palatine Illinois 60074 / Tel. (847)788-5315 - Fax. (847)670-5427

CHICAGO TOURNAMENTS REGISTRATION FORM

TOURNAMENT NAME: MEMORIAL CLASSIC - MAY 22 & 23, 2010
 COLUMBUS CUP - SEPTEMBER 25 & 26, 2010

TEAM NAME: _____

COACHES NAME: _____

PHONE # H - () _____ W - () _____

CELL # - () _____ EMAIL ADDRESS: _____

AGE GROUP: U8 U9 U10 U11 U12 U13 U14
 BOYS TEAM GIRLS TEAM

LEVEL : C D

INFORMATION NEEDED TO ASSIST IN TEAM GROUPING: _____

STATE YOUR TEAM PLAYS IN: _____ STATE ASSOCIATION: _____

LEAGUE YOUR TEAM PLAYS IN: _____ AGE OF PLAYERS: _____

DIVISION YOUR TEAM PLAYED AT IN SPRING OF 2009: _____

WHAT POSITION DID YOU FINISH: _____

DIVISION YOUR TEAM PLAYED AT IN FALL OF 2009: _____

WHAT POSITION DID YOU FINISH: _____

DIVISION YOUR TEAM IS CURRENTLY PLAYING IN:

OF TOURNAMENTS YOUR TEAM PARTICIPATED IN 2008: _____

INFORMATION REGARDING THIS TEAM SHOULD BE SENT TO: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # H - () _____ W - () _____

CELL # - () _____ EMAIL ADDRESS: _____

PAYMENT INFORMATION: _____

CHECK# _____ MAKE CHECKS PAYABLE TO: NISL
 CHARGE Visa MC Discover
ACCOUNT #: _____ EXP. DATE: _____

PRINT CARD HOLDERS NAME: _____

CARD HOLDERS SIGNATURE: _____

SEND APPLICATION AND FEES TO: NISL (NORTHERN ILLINOIS SOCCER LEAGUE)
545 CONSUMERS AVENUE, PALATINE, ILLINOIS 60074

PHONE NUMBER: 847-788-5315 FAX NUMBER: 847-670-5427

(For office use only) DATE _____ RCT. # _____ AMT. PAID _____ REGISTRAR _____