Application for the 4th Annual

HMMS 3v3 Tournament

June 22, 2013

Team Name:											
Soccer Club:											
Age Group: *(circle one)*	**U8**	**U9**	**U10**	**U11**	**U12**	**U13**	**U14**	**U15**	**U16**	**U17**	**U18**
Gender: *(circle one)* **Male / Female**						Division: *(circle one)*	**1**	**2**	**3**		
My team is willing to play in the next higher age group if necessary: *(circle one)* **Yes / No**											
Team Contact Name:											
Address:											
City:						State:					
Postal Code:						Cell Phone:					
Email Address:											
Player 1:						Date of Birth: / /					
Player 1 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					
Player 2:						Date of Birth: / /					
Player 2 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					
Player 3:						Date of Birth: / /					
Player 3 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					
Player 4:						Date of Birth: / /					
Player 4 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					
Player 5:						Date of Birth: / /					
Player 5 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					
Player 6:						Date of Birth: / /					
Player 6 T-shirt size: *(circle one)*	**YM**	**YL**	**AS**	**AM**	**AL**	**AXL**					

Sign & mail this form along with a **$165.00** check or money order payable to HMMS.

I understand the fee is not refundable after team selections have been made. I understand that my team must provide its own insurance and that in the case of an accident or injury while participating in or traveling to or from the tournament, HMMS Youth Soccer Association is not liable for damages

Coach Signature: _____ Date: _____

Mail To:
HMMS 3v3
75 Acomo Drive
Dillsburg, PA 17019