

NOSO Cup 2012

35th International Youth Soccer Tournament
North Olmsted, Ohio, United States

June 30th & July 1st 2012

Team Application Form

Complete and mail to:

NOSO Cup - PO Box 790 - North Olmsted, OH 44070

One application form per team.

U-8 to U-10 \$300, U-11 to U-12 \$350, U-13 to U-19 \$400.

(Subtract \$50 if postmarked before April 1, 2012)

Male Female

AGE GROUP

CUP TROPHY

TEAM NAME: _____

CLUB OR ORGANIZATION: _____

Location (City & State/Province): _____

Team Coach: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: (Home) _____ (Work) _____

Fax: _____ Email: _____

Team Manager/Contact Person: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: (Home) _____ (Work) _____

Fax: _____ Email: _____

U8

U9

U10

U11

U12

U13

U14

U15

U16

U17

U18

U19

Please enclose a check for the full amount due so we may immediately process you're application.

For Office Use Only – Please Do Not Write In This Box

Postmark: _____ Entry Fees: \$ _____ Check Number: _____

Accepted/Not Accepted Reason: _____

Medical Releases: _____ Roster: _____ Travel Permit: _____