

2010 Rob Schaefer Memorial Classic Tournament Application

Please complete this form to apply for participation in the **2010 Rob Schaefer Memorial Classic** tournament hosted by the Harleysville Football Club and Soccer Association on **August 14-15, 2010**. Note that your application must be postmarked on or before **July 15, 2010**. Thank you for your interest!

Team Information	
Club Name:	
Team Name:	
Gender: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	
Age Group (circle): U9 U10 U11 U12 U13 U14 U15 U16 U17	
Fall 2009 Information	
League & Division Names:	
2009 Record (enter number for each): ___ Wins ___ Losses ___ Ties	
Contact Information (primary contact is required; secondary is optional)	
Primary Contact Name:	Secondary Contact Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Submit the following items to complete the application:

- Completed application
- Stamped 2009 or 2010 roster
- Check made payable to HSA-RSMC

Mail to:
HSA/HFC-RSMC
c/o Renee Sullivan
735 Upper Mainland Road
Harleysville, PA 19438

Note: Submission of this application does not guarantee acceptance into the tournament. Should you not be accepted into the tournament, your application fee will be refunded. Upon acceptance into this tournament, your application fee will become non-refundable.

For Internal Use Only

Date Received _____ Check Received? Yes No Check Number: _____

Roster Received? Yes No Type of Insurance: _____