



**December 27-29, 2010**

**Tournament Director:** Amanda Newsome **Email:** asnewsome@yahoo.com **Phone:** 352.262.0693

Please print all information legibly and mail your application to the address below. Don't delay, a limited number of teams will be accepted in each division. There is a **\$500** entry fee; there will be a \$50 discount for those who register before October 15. All applications fees will need to be paid in full no later than December 1st, 2010.  
 There is no refund for last minute cancellations or dropouts.  
 Checks should be made out to the host Club, the **Gainesville Soccer Alliance**.

**Mail to:**  
 Bobcat Invitational  
 Attn: Amanda Newsome  
 205 SW 75th Street Apt. 10 W  
 Gainesville, FL 32607

TEAM NAME: _____ SEX: BOYS or GIRLS STATE: _____ CLASS: _____ REGION: _____ DISTRICT: _____ COACH: _____ PHONE: _____
CONTACT'S NAME: _____ ADDRESS: _____ EMAIL ADDRESS: _____ HOME #: _____ CELL #: _____

**TEAM RESULTS / LEVEL OF PLAY INFORMATION FOR SEEDING PURPOSES:**

We will make every effort to not only split up teams from the same Region and District; we will also attempt to separate teams into upper and lower divisions. The following information will be used to place your team in the most appropriate bracket for optimal competition. Please rate your team by circling the number that best applies.

1	2	3	4	5	6	7
Beginning Team		Top 10 in Your Region		Top 10 in Your State		State Champions

Record This Season: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Season: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If we have three divisions, which would you prefer?    **UPPER**    **MIDDLE**    **LOWER**

Please list any other information that will help us divide our divisions: