



APPLICATION DEADLINE
MARCH 10, 2010 8:00PM

Javanon Cup April 17 & 18, 2010

Please mail this completed Application, Current Roster & fees (payable to the Javanon Soccer Club) to:
Javanon Cup 2010
12411 Rehl Road
Louisville, KY 40299

TEAM INFORMATION

Team Name and Return Address:

Age Group: U- 9 10 11 12
(Circle One) 13 14 15

Tournament Fees: U9 & U10 - 6vs6 - \$425.
U11 & U12 - 8vs8 - \$475. / U12, U13, U14 & U15 - 11vs11 - \$525.

Division
(Circle One) Premier Elite Select

Gender: M F (Circle One)

Are you willing to play up a division? Y N
(Circle One)

Team Manager:

Phone:

Email:

Team / Club Website:

League Name:

State Organization:

Team Coach:

Phone:

Email:

Additional Pertinent Information

Housing Policy

All teams must reserve accommodations through the Tournament Board (contact information email: kmaum@javanon.com or phone 502-299-3865). Hotels confirmations will be completed once acceptance to the tournament has been approved and tournament deadline date has been reached.

Tournament Policies

Please read the Rules and Regulations as posted on the website. By signing below you are agreeing that you have read, understand and agree to abide by the tournament's policies, rules and conditions.

Waiver of Liability

As the representative of the team completing this application to participate in the 2010 Javanon Cup, I do hereby discharge, waive and release Javanon Soccer Club and all sponsors, officials, referees and representatives from any claim arising from an injury to a duly registered player, coach or official of this team & hereby certify that each player, coach & official is covered by approved medical insurance as is required by YSSA. This team agrees to accept the decisions of the Tournament Director as to the playability & therefore the outcome of the tournament due to adverse weather conditions or other unforeseen circumstances without any appeals, objections or compensation whatsoever.

*Applications will only be accepted if completed with current roster and fee attached. Thank you.

Signature of Coach: _____ Print Name: _____ Date: _____ Time: _____

Signature of Manager: _____ Print Name: _____ Date: _____ Time: _____

Official Use Only

Date Received _____ Check# _____ Accepted Y N

Roster Y N Guest Players Y N # _____

Acceptance letter mailed Y N Emailed Y N Date: _____