



**JAVANON CUP SPRING 2009
TOURNAMENT APPLICATION**
(deadline 3/1/09)

Please return this completed form with fee (6v6 \$400, 8v8 \$450, 11v11 \$500) payable to Javanon Soccer Club, include a copy of your **current roster, and mail to:**

Javanon Cup - Spring 2009
12411 Rehl Road
Louisville, KY 40299

Club Name: _____ **Club Website** _____

Team Name:	Age U-	<input type="checkbox"/> 6v6	<input type="checkbox"/> 8v8	<input type="checkbox"/> 11v11	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
Coach's Name:	Manager's Name:					
Address:	Address:					
City/State/Zip:	City/State/Zip:					
Phone:	Phone:					
Cell Phone:	Cell Phone:					
eMail Address:	eMail Address:					
State Association:	Current League:					
Send All tournament correspondence to: <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Both						
Has your team changed names in the last year? Old name:						
Your Club designates this team as the: <input type="checkbox"/> 1 st or "A" team <input type="checkbox"/> 2 nd or "B" team <input type="checkbox"/> 3 rd or "C" team						
How many teams does your club have in this age group?						
U9-U12 only: Will you accept spot in format (NvN) other than format applied for <input type="checkbox"/> YES <input type="checkbox"/> NO						

	Spring 2008	Fall 2008
League & Division	_____	_____
League website	_____	_____
Win-Loss record for League	_____	_____
State Cup record for 2008	_____	_____
Tournaments/Division/win-loss record:	_____	_____
	_____	_____
	_____	_____

Housing Policy

All teams must reserve accommodations through the tournament housing director: Site Search LLC. For a complete listing of approved hotels and rates, and for Site Search contact information, please refer to the Javanon website: www.javanon.com

Tournament Policies

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

Waiver of Liability

As the representative of the team completing this application to participate in 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 and hereby certify that each player, coach, and official is covered by approved medical insurance as is required by Youth Soccer State Associations. This team agrees to accept the decisions of the Tournament Director as to the playability and therefore the outcome of the tournament due to adverse weather conditions or other unforeseen circumstance, without any appeal, objection or compensation whatsoever.

Signature of Coach _____ *Signature of Manager* _____
Date _____ *Print Name* _____ *Date* _____ *Print Name* _____