



10th Annual  
Scott Christian Memorial  
Soccer Tournament

Central Park - Burlington, KY

September 11 - 12, 2004

Application



Please enclose \$350 Application Fee  
with Completed Application

Official Team Name \_\_\_\_\_ Jersey Color \_\_\_\_\_

Age Groups: U11/U12/U13/U14      Girls \_\_\_\_\_ Boys \_\_\_\_\_

Level of Play in Your State/League \_\_\_\_\_

City Your Team Represents: \_\_\_\_\_

Club Your Team Represents: \_\_\_\_\_

Team Leader/Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Team Coach Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Make checks payable to:  
SCMSFI  
Mail application w/check to:  
8428 Quail Court  
Florence, KY 41042  
Phone: 859-283-1926  
Fax: 859-2830537  
Email: soccer17@fuse.net  
www.scottchristiansoccer.net

**DEADLINE:**  
Application w/\$350 check must be postmarked  
no later than Wednesday, August 25, 2004.