



NTC CHAMPIONS CUP APPLICATION

DEADLINE: August 1st, 2008

ENTRY FEE: U-15 - U-19 \$550.00

TEAM NAME *DISTRICT* *CLUB* *LEAGUE*

AGE GROUP: U-____ *BOYS OR GIRLS* {PLEASE CIRCLE}

COACH: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE _____

CONTACT: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE _____

TEAM RECORD 2008: W___L___T___ DIVISION: 1 2 3 NEW TEAM

IF AVAILABLE WE PREFER TO COMPETE IN DIVISION 1 OR DIVISION 2 {PLEASE CIRCLE}

{YOU WILL NOT BE GUARANTEED A DIVISION SELECTED, THE TOURNAMENT SELECTION COMMITTEE DETERMINES GROUPINGS.}

PAST TOURNAMENT RECORDS:

TOURNAMENT: _____ W___L___T___ PLACE _____

TOURNAMENT: _____ W___L___T___ PLACE _____

TOURNAMENT: _____ W___L___T___ PLACE _____

NOTES: _____

**PLEASE SUBMIT APPLICATION AND MAKE CHECK PAYABLE TO:
THE NATIONAL TRAINING CENTER**

MAIL TO:

NTC CHAMPION'S CUP
C/O MARTY SHIRLEY
1099 CITRUS TOWER BLVD
Clermont, FL 34711

BY SUBMITTING THIS APPLICATION I HAVE READ, UNDERSTOOD, AND AGREE TO THE ENTIRE SET OF TOURNAMENT RULES. {ALL RULES ARE POSTED AT WWW.USANTC.COM}

COACHES SIGNATURE

DATE: ___/___/2008