

## 2019 Clinton Invitational Tournament Application Form

Club/Association Name: \_\_\_\_\_

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

Coach: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Division and Age: (Please check all appropriate areas)

### Girls:

U10 Rec _____	U10 Comp _____	\$300.00 per team
U11 Rec _____	U11 Comp _____	\$350.00 per team
U12 Rec _____	U12 Comp _____	\$350.00 per team
U14/U15 Rec _____	U14/U15 Comp _____	\$400.00 per team

### Boys:

U10 Rec _____	U10 Comp _____	\$300.00 per team
U11 Rec _____	U11 Comp _____	\$350.00 per team
U12 Rec _____	U12 Comp _____	\$350.00 per team
U14/U15 Rec _____	U14/U15 Comp _____	\$400.00 per team

Please mail-completed forms to: Steve Mansfield/CIT  
3 Rose Marie Lane  
Clinton, CT 06413  
(860)669-0526  
Smansfield1960@yahoo.com

**Note:** Please make checks payable to CIT/Clinton Soccer. Mail the application form and check as soon as possible to the address above. Certified rosters are due no later than April 25<sup>th</sup>. Deadline for all application forms is April 25<sup>th</sup>. If a division becomes full prior to April 25<sup>th</sup> than that division will be deemed closed regardless of the date. A waiting list will be in place on a first come, first served basis.