



Gaylord Sheppard 2009

State Farm Soccer Complex Bernalillo, NM
Nov 14-15 (U7-U13) and Nov 21-22 (U14-U19),

Entry Fee: \$225.00 (U-07/08); \$275.00 (U-09/10); \$350.00 (U-11/12); \$375 (U13-U19),

Mail with registration fee, to be **RECEIVED BY October 26, 2009** to:

Patrick Tarin Tournament Director, 7017 Prairie Ct NE, Albuquerque, NM 87109

Please make checks payable to: Rio Vista F.C.

Note: Withdrawal after acceptance forfeits entire entry fee.

Team Name: _____ Club: _____
Age Group: _____ League: _____
Birth date of Oldest Player: _____ State Association: _____
Boys ____ Girls ____ Hotel Name: _____

Coach: _____ **Contact Person:** _____
Address: _____ Address: _____
email: _____ email: _____
phone: _____ phone: _____
cell: _____ cell: _____

Division level of play: _____
2008-2009 Team Record: Wins:____ Losses:____ Ties:____

2008-2009 Tournament Experience and Results:

Tournament	Location	Division	Won	Loss	Tie	Place
1. _____						
2. _____						
3. _____						
4. _____						

Other pertinent information, to aid team placement: you may also attach another page:

Waiver of Liability:

We as representative of this participating team, to induce Rio Open/Rio Vista Football Club, Rio Rancho Soccer Club/Duke City Soccer League to accept this team application and permit participation in the Gaylord Sheppard Tournament do hereby release, indemnify and hold harmless the Rio Vista FC, Rio Rancho SC and Duke City Soccer League, officials, sponsors, coaches, referees, and/or representatives from any claim arising from injury to a named participant of this team and hereby certify that each player registered is covered by an approved medical insurance plan as required by youth soccer. We recognize and acknowledge that adverse weather conditions is an act of God and agree to accept the decisions of the tournament officials as to playability and therefore the outcome of competition without any appeal, objection or compensation whatsoever.

Signed: _____ Print Name: _____ Date: _____

For Tournament Use Only – DO NOT WRITE IN THIS AREA:

Date Received: _____ Check Amount: _____
Entry Fee Recd: _____ Check #: _____
Roster Checked: _____ Proof of Age Checked: _____
Travel Papers Chk'd: _____ Medical Papers Checked: _____
Coaches Conduct Form: _____