



2006 Charleston Battery Youth Soccer
Tournament Application
One team per form / call 971-4625 for additional forms

Team Name _____
Coach Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email _____
Check one: _____ Visa _____ MC _____ Check _____ Money Order
Credit Card #: _____ Sec Code: _____
Exp: _____ Name (print): _____

Signature: _____

Make checks and money orders payable to CHARLESTON BATTERY and mail this form along with payment to:

CHARLESTON BATTERY, 1990 DANIEL ISLAND DRIVE, CHARLESTON, SC 29492. If you are paying by credit card you may fax this form to (843) 856-6958.

You may also call in your order to (843) 971-GOAL (4625).

A registration packet will be mailed to you upon receipt of payment. Packet will include directions, times & locations and what items campers will need to bring with them. For more information please call (843) 971-GOAL (4625) or email Daniel.Allen@CharlestonBattery.com.

TOURNAMENT APPLICATION

_____ Summer: June 24-25
_____ Winter: December 2-3
\$150 (per team)

_____ U8 Co-ed
_____ U9 boys _____ U9 girls
_____ U10 boys _____ U10 girls
_____ U11 boys _____ U11 girls
_____ U12 boys _____ U12 girls
_____ U13 boys _____ U13 girls
_____ U14 boys _____ U14 girls

IF YOU WERE BORN AFTER:

8/1/98 U8

8/1/97 U9

8/1/96 U10

8/1/95 U11

8/1/94 U12

8/1/93 U13

8/1/92 U14