



ANNUAL DISTRICT EOS CUP

U10-U14

PLEASE COMPLETE AND MAIL WITH ENTRY FEES BY **OCTOBER 21, 2019**
SHIRLEY THOMPSON, 1239 ADAM ST, TRACY CA 95376

LEAGUE NAME _____

LEAGUE COORDINATOR _____

ADDRESS _____

Phone #'s home _____ cell _____

Email _____

TEAM INFORMATION (GIVE THIS APPLICATION TO YOUR LEAGUE REPRESENTATIVE)

TEAM NAME	AGE GENDER	COACH NAME/PHONE#'S	EMAIL ADDRESS

If more room is needed please use separate piece of paper. NO LATE TEAMS AFTER DEADLINE

ENTRY FEE: # of teams _____ X \$ **250.00** = Amount Due _____

CHECKS MADE OUT TO DISTRICT 8

Cal North & IFAB rules will be followed

GAMES ARE **Nov. 9** AND **Nov. 10** AT Legacy Fields. **NO ANIMALS ARE ALLOWED AT THE SITE.** Schedules will be posted at least 72 hours prior to event. Just tell your teams to be prepared to play 2 games on Saturday, and possibly consolation and championship games on Sunday. **REMINDER:** This is a recreation tournament and will be the teams that are playing in your recreation program during your recreation season. **NO COMP PLAYERS.**

