

Bison Indoor Cup Tournament Application

Team Name: _____

Sex: _____ Age Group: _____

Association or Club: _____

Coach: _____

Contact (if different): _____

Address: _____

City, State, Zip: _____

Phone: Home (____) _____ Cell (____) _____

Email (required): _____

- Entry deadline is January 3, 2009. Entry fee is \$130. Make checks payable to **Bison Soccer Booster Club**.
- The tournament features 18 minute games.
- Players may play on only one team per age group. (May play on a team in another age group.)
- Roster 10 player maximum.
- Eligibility--Grade 12 or below and registered with USYSA (TSSA). Teams outside of TN must have travel permits.
- Player cards necessary. Medical releases **absolutely necessary**.
- Tournament committee reserves the right to combine teams in different age groups to make brackets where limited numbers of teams apply. Not more than one year difference combined.
- Mail completed applications and fees to:

Bison Indoor Cup
C/o Darrell Anderson
438 Buckingham Blvd
Gallatin, TN 37066

Email: keeshad@bellsouth.net
(615) 451-4052
(615) 509-7734