

# 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 6, 2011. 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 Kelly Gettings  
102 Koleberg Court  
Hendersonville, TN 37075

Email: [kjgettings@comcast.net](mailto:kjgettings@comcast.net)  
(615) 945-9620