

CMSA Columbus Weekend Soccer Classic

TEAM NAME _____ COLOR _____

PARENT ORGANIZATION _____

COACH/CONTACT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE H) _____ W) _____ FAX) _____

E-MAIL _____

NO REFUNDS WILL BE ISSUED FOR WITHDRAWAL ANY TIME PRIOR TO THE EVENT OR DUE TO ANY
CANCELLATION OR POSTPONEMENT DUE TO ANY ACT OF NATURE

LEAGUE _____ MALE _____ FEMALE _____

COMPETITION: TRAVEL LEVEL _____ A LEVEL _____ B LEVEL _____ C LEVEL _____

AGE GROUP _____ U8 _____ U9 _____ U10 _____ U11 _____ U12 _____ U13 _____ U14 _____ U15 _____ U16 _____ U18

COMPETITION SIZE: _____ 7v7 (U8 thru 10) _____ 9v9 (U11 & 12) _____ 11v11 (U13 thru 18)

Roster Maximums: 14 for 7v7, 16 for 9v9, 18 for 11v11, and 22 for HS Level Teams (ages 15-18)

Return your registration form, current USSF Roster and tournament fee payable to:

**CMSA – Columbus
P.O. Box 18403
Baltimore, MD 21237**