



Spring Fling 2008

Girls Only Tournament
April 3 - 6

Age Group/Registration Fees: (Circle One)

U7/\$70 U8/\$100 U10/\$150 U12/\$150 U14/\$175 U16/\$200 U19/\$225

Team Name: _____

Organization Name: _____

Head Coach Information:

Assistant Coach Information:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Email: _____

Mail applications to: The City of Florence
Attn: Tournament Director
PO Box 187
Florence, MS 39073

For additional information please contact:

Troy Griffin
Phone: (601) 847-3874 (H)
(601) 540-4748 (C)
Email: tgriffin0729@bellsouth.net

Fax applications to: (601) 845-5882

**** Make checks payable to: The City of Florence**

Registration Deadline is March 28, 2008.

U10 – U19 may have to play on Thursday and/or Friday night.

Guest players not allowed – see rules for details...

Entry Fee and League Approved 2008 spring Roster required with application.

I have read and agree to the above. I also understand that once my team entry has been accepted and my team later withdraws for whatever reason, the entry fee is forfeited. If my team is not accepted, the entry fee will be refunded in full. No refunds will be made in the event of shortened matches due to inclement weather.

Head Coach name _____ signature _____ date _____
(please print)

Please provide contact information for any referee(s) who may be traveling with your team or from your league who would be interested in working the tournament.

| Name | Phone | Experience (years) |
|-------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

For FYSA use only

Date rec'd _____

check# _____

age/div. _____