

TOURNAMENT OF CHAMPIONS 2009

INTENT TO ENTER

**EVERY TEAM MUST RETURN THIS FORM WITH A YES
OR NO ANSWER**

TEAM NAME _____ TEAM NUMBER _____

COACH'S NAME _____ AGE GROUP _____

JERSEY COLOR _____

If our team wins the local playoffs to determine the 2009 Tournament of Champions representatives for our age group, we agree to represent HOT SOCCER in the NTSSA Tournament of Champions and travel to the Metroplex on December 4-6, 2009

We understand that HOT SOCCER has paid a \$100 performance bond and \$250 entry fee for our appearance in the NTSSA TOC Tournament. We agree to reimburse HOT Soccer for the \$350 in the event that we, as the HOT SOCCER representative, do not participate on December 4th, 5th and 6th.

We also understand to participate in the local playoffs a \$50.00 referee fee is required.

_____ YES, OUR TEAM PLANS TO PARTICIPATE IN THE HOT TOC

_____ NO, OUR TEAM DOES NOT PLAN TO PARTICIPATE IN THE HOT TOC

_____ THE \$50 REFEREE FEE IS ATTACHED

Signature of Coach or Team Manager

DEADLINE FOR ENTRY IS 11/2/09 BY 1:00 PM