



# COLLINGWOOD COMETS CLASSIC TOURNAMENT

## JUNE 17 – 19, 2005

\*FRIDAY NIGHT GAMES TO BE PLAYED ONLY BY TEAMS WITHIN 1 HOUR DRIVING DISTANCE OR  
TEAMS THAT REQUEST TO DO SO

### TOURNAMENT APPLICATION FORM

Boys		Girls	
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Recreational   U-7      U-8      U-9  
 Competitive   U-10   U-11   U-12   U-13   U-15   U-16   U-17

Check boys or girls and circle age group (as of Jan 1, 2005)

Club Name:		Team Name:	
Address:		City:	
Province:		Postal Code:	
Telephone: (    )		Fax: (    )	

Send Correspondence to:	Coach	Manager
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Coach		Manager	
Address		Address	
City		City	
Postal Code		Postal Code	
Telephone H (    )		Telephone H (    )	
B (    )		B (    )	
Fax (    )		Fax (    )	
Cell (    )		Cell (    )	
E-Mail		E-Mail	
Prov. Affiliation		League Affiliation	

Deadline – June 3, 2005 Mail to P.O Box 651 Collingwood, Ontario L9Y 4E8  
 Collingwood Soccer League Phone #: 705-446-1550  
 Please visit our web site [www.georgian.net/youthsoccer](http://www.georgian.net/youthsoccer)  
 No application will be accepted without payment

		Fee – rec - \$250.00		
For office use:	Application	Comp - \$325.00		Travel Permit
	Roster	Acceptance		Refusal

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