

**GYSO FALL HARVEST CLASSIC
OCTOBER 18-19, 2008
STRIBLING PARK, GREENWOOD**

Please type or print all information. All applications must be submitted by October 10, 2008. Teams will be notified of acceptance no later than October 13, 2008.

All information, including accepted teams, schedules, and registration will be available on the league website www.greenwoodsoccer.org.

Team Name: _____

Organization: _____

Coach's Name: _____

Phone Number: _____ Cell Number: _____

Address _____

Email Address: _____

Age Group (please circle): U8 U10 U12 U14

Gender (please circle): Boys Girls

Uniform Color: _____

Alternate Jersey: _____

PLEASE ATTACH A COPY OF YOUR OFFICIAL ROSTER

Waiver of liability: I/We the undersigned representative of this participation team applying to participate in the GYSO Fall Harvest Classic 2008, do agree to release, indemnify and hold harmless the Greenwood Youth Soccer Organization, the Fall Harvest Classic, officials, sponsors, coaches, referees, and/or representatives from any actions, claims, suits or judgments that may arise out of any injury to named participants on this team. I/We understand that once a team is accepted and later cancels, that the entry fee is forfeited. I/We recognize and acknowledge that adverse weather is an act of God and will accept all decisions regarding playability of facilities (and therefore the outcome of the competition) by the tournament as final, without objection, appeal or compensation whatsoever.

Make check payable to GYSO

Send one application per team. Applications must be submitted by October 10, 2008.

Coach's Signature _____

Date: _____

Please e-mail application to:
sbailey@vikingrange.com

Please mail application and/or payment to
GYSO
Attn: Sue Bailey
PO Box 8463
Greenwood, MS 38935-8463

Tournament Director:
Sue Bailey
Daytime: 662-451-1603
Cell: 662-392-6568
Email: sbailey@vikingrange.com