



Bruce Tower Memorial - Tri County Classic
Small Sided Soccer Tournament
Event Application

AGE DIVISION _____ BOYS / GIRLS OR COED (CIRCLE ONE)

TEAM NAME _____ JERSEY COLOR _____

COACH'S NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STATE ASSOCIATION NAME/AFFILIATION ____ North Texas State Soccer Assoc. ____

LOCAL ASSOCIATION NAME/AFFILIATION _____

**** PLEASE SEND IN THE FOLLOWING:**

1. Entry Fee in Cashier Check, Money Order or Association Check made payable to T.C.S.A.

(No personal checks accepted)

Fees: 5U & 8U = \$ 80.00

All Others = \$100.00

2. As coach of the _____ team, I certify that this is our official
Team Roster as registered with NTSSA. (Roster must be signed by registrar) and I agree to the
inclement weather policy stated below.

Notification date for acceptance will be no later than May 7.2024 Refund checks for non-
acceptance will be sent by this date as well. Tri-County Soccer Association reserves the right to delay
games or cancel the tournament in the event of severe weather conditions. **The standing rainout reschedule date
will be for the following Saturday, 5/25-26/2024. All participating teams must be prepared to play on the
published reschedule date. NO refunds will be issued if the tournament is able to play on either of these dates
5/18-19/2024 or 5/25-26/2024 as published.** If inclement weather cancels the tournament prior to the first
scheduled game, all teams will receive a refund equal to 50% of their entry fee. If inclement weather cancels the
tournament after scheduled games have started, refunds will be given at the discretion of the tournament.

Signature of Coach or Designated Representative _____

**RETURN THIS FORM, TEAM MEDICAL WAIVER, ENTRY FEE, & ROSTER NO LATER
THAN April 30, 2024 TO:**

TRI-COUNTY SOCCER ASSOCIATION
TOURNAMENT COMMITTEE
PO BOX 157
MABANK, TEXAS 75147

FOR MORE INFORMATION, CONTACT: Candi Conner: (903) 880-6340