



South Central Premier  
Soccer Club  
**Kick Off Classic  
2019**



March 30-31, 2019

CIRCLE the appropriate team age and gender:

**Boys / Girls**

**U-14 Birth year 2005      U-13 Birth year 2006      U-12 Birth year 2007**

**U-11 Birth year 2008      U-10 Birth year 2009**

Please Type or Print

Club Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Color  
Jersey: \_\_\_\_\_ Shorts: \_\_\_\_\_ Alt: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Team History

League: \_\_\_\_\_ Divisional Level: \_\_\_\_\_

Recent Season Record:      Won: \_\_\_\_      Lost: \_\_\_\_      Tied: \_\_\_\_

Tournament: \_\_\_\_\_

Recent Tournament Record:      Won: \_\_\_\_      Lost: \_\_\_\_      Tied: \_\_\_\_

Club Official or Coach Signature: \_\_\_\_\_

**PLEASE REMEMBER:**

- (1) Deadline is 02/28/2019
- (2) Enclose a check for \$700 for U11 through U14 divisions or \$650 for U10 division
- (3) Roster must be received by 03/15/2019

For Information email: [sean.duffy@aol.com](mailto:sean.duffy@aol.com)  
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