



**Eagle Express Soccer Club
4v4 No Goalie Shootout
Tournament Application**

Team Name: _____

Age Group: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

Team Gender: Boys Girls

Level of Competition: Gold Silver Bronze

Team Contact: _____

Phone Number: _____

Email: _____

Additional Comments About Your Team's Entry:

Please complete your application by signing below. By signing this application, you agree to all terms of the Eagle Express Soccer Club event including the potential cancellation policy listed in the tournament rules which are posted on the Eagle Express website.

Team Contact Signature: _____

Please scan your team application and email to our Tournament Director at eesctournament@gmail.com Please submit payment (must be check) written to EESC General Fund by January 20, 2017. You can mail directly to: 104 Greenwich Court, Old Hickory, TN 37138

Any questions should be sent to Tournament Director Michelle Conn at eesctournament@gmail.com or 615.498.9654