

MISSISSAUGA CANADIAN CUP 2012 Team Application for Acceptance

July 6th, 7th, 8th, 9th

Required information is denoted with an asterisk (). Your application will not be allowed to be submitted without providing information for these fields.*

Team Information

Country this Team Represents: * _____

Region, Province or State this Team Represents: _____

City this Team Represents: * _____

Club this Team Represents: _____

Club Website Address: _____

Official Team Name: * _____

Age and Gender Category this Team will Compete in: *

Team Leader / Manager Information

Team Leader First Name: * _____ Team Leader Last Name: * _____

Team Leader Street Address: * _____

Team Leader City: * _____ Team Leader Region/State/Province: * _____

Team Leader Postal Code/Zip Code: * _____ Team Leader Country: * _____

Team Leader Home Telephone: *(Area/Country Code) _____ (Phone #) _____

Team Leader Work Telephone: *(Area/Country Code) _____ (Phone #) _____ (Ext.) _____

Team Leader Facsimile: *(Area/Country Code) _____ (Phone #) _____

Team Leader E-mail Address: * _____

This address will be used to confirm your application and for additional correspondence from the tournament registrar. If the team leader/manager or coach does not have an email address, please provide one for a team parent or player who can check for and handle future messages in a timely manner.

Team Coach Information

Check this Box if the Team Leader/Manager information is the same for the Team Coach.

Team Coach First Name: * _____ Team Coach Last Name: * _____

Team Coach Street Address: * _____

Team Coach City: * _____ Team Coach Region/State/Province: * _____

Team Coach Postal Code/Zip Code: * _____ Team Coach Country: * _____

Team Coach Home Telephone: *(Area/Country Code) _____ (Phone #) _____

Team Coach Work Telephone: *(Area/Country Code) _____ (Phone #) _____ (Ext.) _____

Team Coach Facsimile: *(Area/Country Code) _____ (Phone #) _____

Team Coach E-mail Address: * _____

Housing and Transportation Information

Teams must book their accommodations at Mississauga Canadian Cup listed Hotels or Residences.

It is required that you provide Mississauga Canadian Cup a copy of Hotel/Residence confirmation or team contact by June 1, 2012. There is no tournament shuttle service provided between Hotel/Residence and the fields. For assistance with your Hotel/Residence reservations, please contact Mississauga Canadian Cup.

For assistance with other areas such as transportation, sightseeing and other tours, please contact our Agent at Tournament Time at email info@tournamenttime.com

For Mississauga Canadian Cup planning purposes, please complete the following.

Anticipated Arrival Date: Month: _____ Day: _____ Year: 2012

Anticipated Departure Date: Month: _____ Day: _____ Year: 2012

Mode of Transportation:

Number of rostered players anticipated: _____
(Maximum Number of Players = 18)

Number of coaches anticipated: _____
(Maximum of 4 coaches)

Number of additional adults anticipated: _____
(Traveling with the team)

Team History and Accomplishments Information

The information that you submit will be used to determine the competitiveness of your team in comparison to other teams who apply for acceptance into the tournament. Please give the tournament selection committee complete answers to each of the questions below.

1. *Please indicate the league level in which your team completes. Is it the highest level available? If not, include information on the league structure in your Region/State/Province.*

2. *How did your team do in your league last year? What was your record for 2011? Is your team in the same league this year?*

3. *If your team roster was selected by a try-out process:*
 - a. *How many players tried out?* _____
 - b. *How many were selected?* _____

4. *Please give any additional information that you feel would be helpful to the tournament selection committee. Thank you*

Photo Waiver

Photos may be taken throughout the tournament, and may be displayed on the Mississauga Canadian Cup website. On behalf of your team members/players, please indicate below your authorization to post photos if applicable.

Yes, photos of my team/players may be displayed on the Mississauga Canadian Cup website.

No, *Mississauga Canadian Cup* does not have authorization to display any photos of my team/players.

Payment Information

Due May 31, 2012

\$495.00 due with application (Under 9 and 10 \$ 385.00)

Due May 31, 2012

All required forms. (These forms will be sent to your team upon confirmation of acceptance)

Please follow these procedures for submitting this application.

1. Please be sure to make your payment equal to your application fee.
2. Please write your team name, age/gender category, and telephone number of the cheque.
3. If possible, please provide the cheque number here: _____
4. Please issue cheque payable to Mississauga Canadian Cup
5. Please carefully **Review** your complete application prior to final delivery. Also, please print a copy of this application for your records.
6. Please mail the Personal/Club Cheque or Money Order to:

**MISSISSAUGA CANADIAN
CUP**

Lower Level

110 Lynedock Crescent

Toronto, Ontario M3A 2B1

Canada

NOTE:

- **Teams from outside Canada and the United States of America, must send an International Money Order.**
- **Payment must be received 2-3 weeks after submission for application to be finalized.**