

6 USYSA National Championships
 13 USYSA National Finalists
 20 USYSA Region II Championships
 40 Illinois State Cup Championships
 24 USYSA MWRL Championships



5 USASA National Championships
 2 USASA National Finalist
 7 USASA Regional Championships
 9 USASA State Championships
 1 USYSA National League Championship

Eclipse Select Soccer Club, Inc. 700 Oak Brook Rd. Suite A Oak Brook, Illinois 60523

AT&T Oktoberfest Shootout at Waukegan SportsPark

APPLICATION AND FLIGHTING INFORMATION

Official Team Name _____ Age Division _____ B / G

Contact Information: Name _____
 Email _____ Phone (H) _____ (C) _____

Coach Information: Name _____
 Email _____ Phone (H) _____ (C) _____

You will receive tournament information via email only, please print or type clearly.

Team Information:

How many teams are there in your club at this age/gender? _____
 If multiple teams at this age/gender in your club, which level team are you? _____
 What are the other teams in your club at this age and gender? _____

League Information:

2011 Fall Season- League _____ Division _____ Place ___ W ___ L ___ D ___
 2011 Spring Season Division Placement _____ (If a U12 team specify 9v9 or 11v11) (circle one)
 How would you rate the level of competition in your league division as it compares to your State? (circle one)
 League website: _____ High Mid-High Mid-Low Low

Tournament Information							
Tournament (add detail)	Level/Flight	Place/Finish	W	L	T	GF	GA

Please include any additional information about your club or team that may help us in the selection process. Include any scheduling requests you might have (coach conflicts) or foreseeable scheduling difficulties you may run into (graduations, dances – provide details.). Local teams must be able to play Friday. **No requests will be heard after the schedule has been made - no exceptions.** The Tournament Staff cannot guarantee all scheduling requests will be met.

**NOTE: THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER FOR
 YOUR TEAM TO BE CONSIDERED FOR ACCEPTANCE**

For Official Use Only:
 Fees Paid _____ Check Number _____ Date Received _____

