

**KLEIN SOCCER CLUB**  
**End of Season Tournament Application FORM**  
281-320-2211

TEAM NUMBER \_\_\_\_\_

COACH NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CHECK # \_\_\_\_\_ ( PLEASE MAKE CHECK PAYABLE TO KLEIN SOCCER CLUB  
FOR THE SUM OF \$100.)

IF A SPONSORED TEAM, NAME OF SPONSOR: \_\_\_\_\_

**Eligibility**

All KSC U7 through Co-Ed teams are eligible to play in the End of Season  
Tournament regardless of their record during the season.

**Format**

Each age group will have single elimination games with the winners advancing. Number of games depends  
on number of teams entered. Play may be extended to Sunday depending on number of teams entered.

For other tournament related information please see the KSC Policy Manual.