

5 USYSA National Championships  
 11 USYSA National Finalists  
 17 USYSA Region II Championships  
 36 Illinois State Cup Championships  
 23 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. 872 S. Milwaukee Avenue #260 Libertyville, Illinois 60048

# ECLIPSE SELECT SPRING CLASSIC

## 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:

2009 Fall Season- League \_\_\_\_\_ Division \_\_\_\_\_ Place \_\_\_ W \_\_\_ L \_\_\_ D \_\_\_  
 2010 Spring Season Division Placement \_\_\_\_\_  
 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.

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**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 \_\_\_\_\_

