West Windsor – Plainsboro Soccer Association
P.O. Box 757
West Windsor, NJ 08550

Phone / Fax: (888) 267-8988
General e-mail: soccer@wwpsa.org
Website: http://www.wwpsa.org

Sunburst 2010 Mail-In Application

Application Deadline	Send application and payment made out to "WWPSA" to the address above; they must be received by **5:00 pm on May 25, 2010**.
Registration Fee	$425 per small-sided (U8 - U10) / $495 per full-sided (U11 - U16) team
Game Schedules	Please visit the Sunburst website to review the Rules and Regulations, as well as final schedules (published no later than **May 23, 2009**): www.wwpsa.org/sunburst. We will e-mail all registered team contacts to notify them when the schedule is ready for review. We will try to honor written schedule requests received **with your application** or sent via e-mail to sunburst@wwpsa.org by **May 16**. **Schedule requests made after this date cannot be considered. Please note that it may not be possible to honor all requests.**
Registration	NJYSA-sanctioned unrestricted tournament; both USYS & US Club passes permitted.

Team Information (* = Required Information)

Club and Team Name * _____ *City, State* * _____

League * _____ *League website* _____

*Gender (circle)** **Boys / Girls** *Age (circle)** **U8 U9 U10 U11 U12 U13 U14 U15 U16**

Flight * _____ *Total # flights in age group* _____ *# Teams in flight* _____

Level (circle) * **Premier / Club** *Team strength (circle)* * **10 9 8 7 6 5 4 3 2 1** (**Strongest** … **Average** … **Weakest**)

Requested level (circle) * **Premier / Club / Willing to play up in age or level (full-sided only)**

 # Rostered Players * *How did you hear about Sunburst?*

Recent History

Fall League results: Won _____ Lost _____ Tied _____

Last tournament _____ Level _____ Won _____ Lost _____ Tied _____ Finish _____

Other tournament _____ Level _____ Won _____ Lost _____ Tied _____ Finish _____

Comments, including State Cup results or other information that will help us properly flight your team

Team Manager / Primary Contact Information (* = Required Information)

First Name *		Last Name *		E-mail *			
Address		City		State		Zip	
Home Phone		Work Phone		Cell Phone *			

Tournament Use Only

Fee paid $	Check #	App #	Date Rec'd.
	CC #	Order #	Captured by