

TWIST 2009

Tournament Application
Please Type or Print Clearly

State Affiliation: _____

Name Of Your Club: _____

Club Address: _____

Team Nickname: _____

Coach: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell: _____

Manager: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell: _____

Contact Person: _____ Coach _____ Manager _____
(Circle One)

E-mail Address: _____

DIVISION I (Premier Level)

Strong "A" Level Team _____

Strong "B" Level Team _____

DIVISION II (Comp/Classic Level)

Strong "A" Level Team _____

Have You Played In TWIST Before? Yes ___ No ___

If Yes, Circle The Year(s): 85 86 87 88 89 90 91

92 93 94 95 96 97 98 99 00 01 02 03 04

05 06 07 08

How Did You Learn About TWIST? _____

TWIST age divisions are determined by the age group your team was in the Spring of 2009. Please check the division to which you are applying:

Div	Born	Boys	Girls
U16	8/92 – 7/93		
U15	8/93 – 7/94		
U14	8/94 – 7/95		
U13	8/95 – 7/96		
U12	8/96 – 7/97		
U11	8/97 – 7/98		
*U10	8/98 – 7/99		
*U9	8/99 – 7/00		

*U9/U10 –Short Sided Games 8 v 8

Make Your Check / Money Order Payable To: "WYSL/TWIST"

U9& U10 Short Sided \$325.00

U11 – U16 \$450.00

And Mail To:

**TWIST Application
c/o Gary Torelli
1066 S. Colony Road
Wallingford, CT 06492**

TWIST USE ONLY:

Date Received: _____ / _____ / _____

Amount: _____ Check #: _____

Division: U _____ Boys _____ Girls _____

Code: _____