

INTENT TO PLAY COMMITMENT PROGRAM
FC Carolina Alliance 11th First Strike Soccer Tournament
APRIL 17th – 18th 2010

FCCA would like to offer to individual teams and Clubs an opportunity during these difficult economic times to help reduce there teams registration fee cost.

By completing the attached Intent to Play Form and Faxing it over to FCCA @ 704-948-6212 by 1/31/2010 you will have locked in receiving a reimbursement on your team's registration fee. Your team or teams then have until 3/31/2010 to officially register for the tournament. Register @ www.fccasoccer.com

After all Registration is completed, FCCA will Tally the number of teams attending from your club to determine your Reimbursement amount. This will be Paid to each team at Pre Registration / Packet pick-up on April 16th

Fee discount scale:

1 to 4 teams committed	\$ 25.00 per team discount
5 to 9 teams committed	\$ 50.00 per team discount
10 and above teams committed	\$ 75.00 per team discount

Individual Teams should contact there Club to see if a greater discount can be committed to by the club.

We hope all the teams and clubs take full advantage of this opportunity. Remember: Complete the Form and Fax in by 1/31/2010

THANK YOU for your consideration and being part of youth soccer.

FCCA First Strike Tournament Director
Andy Humer
andrewhumer@bellsouth.net



INTENT TO PLAY COMMITMENT FORM
FC Carolina Alliance 11th First Strike Soccer Tournament
APRIL 17th – 18th 2010

This Form is being completed In Good Faith. It is based on your team's best efforts to Agree to Register by 03/31/2010, and to participate in The FCCA 11th Annual First Striker Soccer Tournament. Fax completed form to 704-948-6212

Club Section (completed by club DOC or EDOC):

CLUB Organization _____

CLUB Contact _____

CLUB Contact phone # _____

(Please circle anticipated commitment level club)

FCCA will review final registrations after 3/31/10 to determine final reimbursement levels

\$25	\$50	\$75
1 to 4 Teams	5 to 9 Teams	10 + Teams

Individual Team Section: (If an individual team would like to participate in the reimbursement, fill in below and fax form in.)

Team Name _____

Club Name _____

Team Contact _____

Team Contact phone # _____