

"SHOOT FOR A CURE"  
2010 MOTHER'S DAY  
FEVER SOCCER SHOWCASE



This is the pay by credit card registration form for the 2010 "Shoot For a Cure" Mother's Day Fever Soccer Showcase.

**ENTRY FEE: (All teams play 4 games!!!) \*\*\* Payment due with registration \*\*\***

U9-U10: \$425 U11-U12: \$475 U13-U14: \$525 U15-U18: \$575

**WAIVER FORM:** Each player must complete a waiver form (see website for form).

**HOTELS:** All accepted teams must stay at an approved FW Fever sponsored hotel. All booking/reservations must be made through our hotel liaison. Please email [scott@fwfever.com](mailto:scott@fwfever.com) for further details regarding your lodging arrangements.

Please visit [www.fwfever.com](http://www.fwfever.com) for all information relating to the 2010 "Shoot For a Cure" Mother's Day Fever Soccer Showcase.

### **Team Application**

Official Team Name: \_\_\_\_\_

Age: \_\_\_\_\_ Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Email: \_\_\_\_\_ Credit Card: \_\_\_\_\_ (Visa, MC, Discover)

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

**Please complete form & mail with payment to Fever Academy, PO BOX 373, New Haven, IN 46774**

**Questions? Please contact Scott Hunter at [scott@fwfever.com](mailto:scott@fwfever.com)**