

SOCCER CHALLENGE

ENTRY FORM

I wish to enter THE KNIGHTS OF COLUMBUS SOCCER CHALLENGE in the category and age group checked below. My eligibility is to be determined by my age as of September 1. Birth Certificate or other proof of age is required to verify eligibility.

Boys Girls AGE: 9 10 11 12 13 14

Note: This same form must be used for the Council, District and Jurisdiction Competition — please be sure it is passed on accordingly.

Name of Entrant _____ Date of Birth _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Telephone _____ Email _____ Signature of Entrant _____
Circle one: Home Cell

This Section To Be Completed By Parent/Guardian:

Council No. _____

By signing below, the undersigned requests and approves of the entrant's registration and participation in the KNIGHTS OF COLUMBUS SOCCER CHALLENGE ("The Contest"). In consideration for the entrant's participation in the Contest, the undersigned (1) acknowledges that the entrant's participation will be the at the sole risk of the entrant and the undersigned and (2) agrees to release, indemnify and hold the Knights of Columbus Supreme Council, its subordinate units, officers, agents members and employees harmless from any and all demands, claims or causes of action arising from or relating to the entrant's participation in the Contest. The undersigned also agree to allow representatives from the Knights of Columbus Supreme Council or any of its subordinate units to take and publish photographs or videos of the entrant during the Contest. **The entrant may compete in only one council level competition. Parent or guardian must sign this form before entrant competes.**

Parent/Guardian

Date signed



SCORE SHEET

This Section To Be Completed K of C Officials:

SCORING INSTRUCTIONS: Each contestant will be allowed **15** consecutive penalty kicks in **council** competition and **25** consecutive penalty kicks in **all other levels**. Indicate number of kicks “made” by checking of boxes in first column. Those tied for highest score will compete in successive rounds each being allowed 3 kicks until one contestant emerges as winner. Use other columns to indicate scores in “tie-breaker” rounds.

COMPETITION	PENALTY KICKS (Shots made)	TIE-BREAKER ROUND				TOTALS
Council:	5 pts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Regional	5 pts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Jurisdiction:	5 pts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Email a copy of this document to: fraternalmission@kofc.org
 (Councils should also retain a copy of this completed form for their files)