

# American Highlander 2019 Invitational Gaelic Football Tournament Team Application

**Location:** Trifecta Sporting Club, 4666 E Bristol Rd, Feasterville-Trevoze, PA 19053

**Time & Date:** Sat June 8, 2019, 10am – 9pm

**This Tournament is Part of Kilt Fest PA and is Open to Adult Teams (18 and Over) of Seven (7) or More Players. Each participant receives a T-Shirt, Trophy or Medal and Ticket(s) for Complimentary Beverages. This is the 1<sup>st</sup> Annual Tournament. It Is Our Goal to Make This Into a Yearly Event. Thank You for Your Interest & Participation.**

Team Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address or General Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Team, League, Type of Competition, Ages, Attitudes, Skill Levels, etc: \_\_\_\_\_

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Teams will consist of at least 7 players. All players will be at least 18 years of age on the day of the tournament, June 8, 2019. Due to the nature of the tournament, unlimited substitutions will be allowed. Games will be played on a soccer pitch with modified soccer goals. Referees will explain tournament rules at the beginning of each game and all decisions by the referee will be final. No arguing with the referee or other officials and no unsportsmanlike conduct will be tolerated. This is a competitive tournament played for fun.

**NO APPLICATIONS WILL BE ACCEPTED ON THE DAY OF THE FESTIVAL. NO SPOTS WILL BE HELD WITHOUT PAYMENT.**

Team Fee (**\$150 if Paid by May 31, 2019 - \$200.00 if Paid After**) Team Fee \$ \_\_\_\_\_

Indicate Payment Type. Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Check Number \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CC: \_\_\_\_\_

Name Exactly as on Credit Card: \_\_\_\_\_

Card Bill to Address & Zip: \_\_\_\_\_

I Authorize American Highlander to Bill My Credit Card For the Amount of: \$ \_\_\_\_\_

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2019

Print Name: \_\_\_\_\_

Make Checks Payable to **American Highlander**. Remit Payment and Application to: **American Highlander, 186 Scotch Road, Ewing, NJ 08628** or email application to the GAA Tournament Chair, Christopher Beyer at [cab@americanhighlander.com](mailto:cab@americanhighlander.com). If you have any questions or concerns or if you would like to receive an email invoice that you can pay with credit card or Pay Pal, you may email Chris or call him at 609-933-8652.

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

List of Players and Their Ages as of June 8, 2019

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

Contact Person's Name and Contact Info: \_\_\_\_\_

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Notes: