

# SOCCER CHALLENGE ENTRY FORM & SCORE SHEET



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

## 1. THIS SECTION TO BE COMPLETED BY ENTRANT

I wish to enter THE KNIGHTS OF COLUMBUS SOCCER CHALLENGE in the category and age group below.  
My eligibility is to be determined by my age as of September 1<sup>st</sup>.

 BOY

 GIRL

 6 & Under

 7-8

 9-10

 11-12

 13-14

 15-18

Name of Entrant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of Entrant \_\_\_\_\_

## 2. This Section To Be Completed By Parent / Guardian:

The undersigned hereby request and approve entrant's registration in the KNIGHTS OF COLUMBUS SOCCER CHALLENGE. In consideration of such registration and participation, the undersigned hereby agree; that the entrant's and the undersigned and without liability to Knights of Columbus Supreme Council and any of its subordinate units and their officers, members, agents, and employees, all of whom the undersigned hereby agree to release, indemnify and hold harmless from any and all claims and expenses resulting from or relating to entrant's said participation. The entrant may compete in only one council level competition.

Witness \_\_\_\_\_

Father/guardian \_\_\_\_\_

Date signed \_\_\_\_\_

Mother/guardian \_\_\_\_\_

## 3. This Section To Be Completed By K of C Officials:

## SCORE SHEET

SCORING INSTRUCTIONS: each contestant will be allowed five shots at the goal from anywhere on the penalty line which is twelve yards from the goal and directly between the goal posts. Each contestant will be allowed three side line throw-in's; the best throw of the three will be used. Each contestant will be allowed three straight kicks; the best kick of the three will be used. Throw and kick will be measured for distance and accuracy.

COMPETITION	POINTS FOR PENALTY KICKS	THROW	KICK	TOTAL
<b>Council Number:</b> <b>9729</b>	<b>0 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>5 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>10 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>20 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>#1 =</b> <b>#2 =</b> <b>#3 =</b> <b>Final =</b>	<b>#1 =</b> <b>#2 =</b> <b>#3 =</b> <b>Final =</b>	
<b>District Number:</b>	<b>0 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>5 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>10 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>20 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>State:</b>	<b>0 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>5 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>10 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>20 pts</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			