



**5<sup>th</sup> Annual  
ONE Lowell World Cup 2011 Application**

**Team Manager**

Please fill out this application in detail and return to Jessica Wilson at [JWilson@onelowell.net](mailto:JWilson@onelowell.net) or mail to ONE Lowell Office at 9 Central Street - Suite 203 - Lowell, MA 01852 USA

**Thank You**

Your Name:

Address:

Email:

Phone Number:

Nation you wish to represent:

Your affiliation with this nation and community:

You are allowed to have up to 22 players in your roster. Can you guarantee that at least 17 players are either born or have heritage from the country you represent?

Yes  No

In what city do most of your players and supporters live?

Do you have affiliations with community leaders from your heritage? Which ones?

We want to make sure your fans know about the tournament – how can we help promote your team to your fans and others who would attend the tournament?

Please provide the names of any businesses or individuals you know who would be interested in taking part in the tournament as vendors, or sponsors.

Please provide the names of any businesses or individuals you know who would be interested in taking part in the tournament as volunteers.

Media coverage of the tournament is welcome. Please list any media contacts you would like us to invite.

Would you and your team agree to be part of any documentary or media content that ONE Lowell World Cup may be affiliated with and sign release forms as a testament to this agreement?

Yes  No

Will you as a representative of both OLWC and the community you are applying for adhere to the spirit, philosophy and all the rules and regulations (please refer to the rules and regulations provided at [www.onelowellsoccercup.org](http://www.onelowellsoccercup.org)) of the OLWC, or be subject to disqualification or suspension of future OLWC tournaments:

Yes  No

Please add any additional information below which will help the OLWC make a decision to accept your application to participate in the OLWC 2010:

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Signature

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Date

**Return the completed application form with a deposit of \$300 by May 1<sup>st</sup>.**

**Remember the full payment date is July 1<sup>st</sup> 2011.**

**Make checks payable to ONE Lowell.**

*ONE Lowell, 9 Central St., Suite 203, Lowell, MA 01852*

*978-654-6957*

***If you have any queries or comments please contact:***

*Jessica Wilson at 978-654-6957 x 102 or at [JWilson@onelowell.net](mailto:JWilson@onelowell.net)*