



**LAO FAMILY COMMUNITY  
OF MINNEASOTA , INC**

**Serving Hmong in Minnesota  
A Non Profit Organization**

**HMONG FREEDOM CELEBRATION AND 29<sup>th</sup> ANNUAL INTERNATIONAL SPORTS  
TOURNAMENT.**

**Saturday, July, 4 & Sunday July 5, 2009 at McMurray Field Como Park, Saint Paul, MN**

To be eligibility for this tournament:

1. The team must have a team Manager, Captain, and every player have correct name on ID or driver license, wear uniform during the game time, team members are not serving a referee for this events.
2. The team have not be rejected and disqualify by the Hmong International freedom celebration 4<sup>th</sup> of July sports tournament

**Requirement**

**All sports application**

**Please check the sports you want to register for and pay full fees. You must complete this application and return to sport director at L F C.**

We are required to pay ( ) Cash ( ) Money order ( ) Cashiers check only.

We are not accepting personal check and credit card.

( ) M- soccer \$350.00 ( ) W- soccer \$250.00 ( ) M Flag football \$350.00

( ) W- flag football \$250.00 ( ) M- Volleyball \$350.00 ( ) W- Volleyball \$300.00

( ) Top spin \$300.00 ( ) Kato \$250.00 ( ) Tennis \$100.00 ( ) Poker \$250.00 ?

( ) Badminton \$250.00 ( ) Basketball \$300.00 ( ) Bowling \$250.00 ( ) Golf \$200.00 ?

TEAM NAME \_\_\_\_\_.

**MANAGER INFORMATION.**

Please print or type

Name \_\_\_\_\_ birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**TEAM MEMBERS**

The team members need to be complete this form before submits.

Team members must fill in your name and driver license completely on the 2<sup>nd</sup> sheet also.

**Name must be match DL  
correctly**

**Driver license # and Birthday**

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

Team manager Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Lao Family Sport Director Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please make check payable to Lao Family Community Of Minnesota, Inc and return this application to

**King George W Lee / Education & Sports Director  
Lao Family Community of Minnesota, Inc  
320 W University Ave  
Saint Paul, MN 55103  
(651) 239-6603**