

The 12th Annual Joe Santacrose 4v4 Soccer Tournament & Family Festival
Friday, July 8th, 2011 and Saturday, July 9th, 2011
TOURNAMENT REGISTRATION

Youth Team Information:

Gender Group: Boys Girls

Youth Age Group: U8 U9 U10 U12 U14 U16 Scholastic

(Single age divisions will exist if there are enough teams for them.)

Youth Competitive Level Requesting: Premier Travel

Team Name: _____

Club Name: _____

Most Recent Division: _____

State Association: _____

Adult Team Information:

Division: Co-Ed Open Women's Open Men's Open

Co-Ed Over-35 Women's Over-35 Men's Over-35

(The above divisions will exist if there are enough teams for them.)

Team Name: _____

(If you are registering a **Co-Ed team**, would you be interested in playing Friday evening starting at 6:00 pm? Yes _____ No _____)

Contact Information (Will receive all mailings):

Contact Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail (Mandatory): _____

Coach Information:

Coach's Name: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

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If the coach has another team(s) that has/have applied, please list other team(s) and age group: _____

Any other comments or considerations: _____

Roster Information: (Maximum roster size is eight (8) for U-10 through 19 Youth, and Adult divisions. U12 through U19 rosters with three or more premier players must play up one age division. Maximum roster size is ten (10) for U8, and U9 divisions.)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Include applicable registration fee of \$125 per team. Please enclose an unofficial copy of your team roster (Youth Teams Only).

Application Deadline: July 2nd^t, 2010

Mail to: BC United Soccer Association (BCUSA)
Joe Santacrose 4v4 Soccer Tournament and Family Festival
PO Box 7235
Endicott, NY 13761-7235
Make Checks payable to: BCUSA

If received by June 24th, 2011, the entry fee will be \$100, a \$25 discount.