DQ BLIZZARD CUP

TEAM REGISTRATION FORM

DQ® Blizzard Cup Tournament Dates: May 29-31, 2004
Registration Deadline: March 1, 2004 (Application form and tournament fee must be received.)

PLEASE CHECK ONE AGE GROUP:

❑ Boys U9	8/1/94	to	7/31/95	❑ Girls U9
❑ Boys U10	8/1/93	to	7/31/94	❑ Girls U10
❑ Boys U11	8/1/92	to	7/31/93	❑ Girls U11
❑ Boys U12	8/1/91	to	7/31/92	❑ Girls U12
❑ Boys U13	8/1/90	to	7/31/91	❑ Girls U13
❑ Boys U14	8/1/89	to	7/31/90	❑ Girls U14
❑ Boys U15	8/1/88	to	7/31/89	❑ Girls U15
❑ Boys U16	8/1/87	to	7/31/88	❑ Girls U16
❑ Boys U17	8/1/86	to	7/31/87	❑ Girls U17
❑ Boys U18	8/1/85	to	7/31/86	❑ Girls U18
❑ Boys U19	8/1/84	to	7/31/85	❑ Girls U19

Birthday Of Oldest Player:_____/_____/_____

Outdoor Team Record 2003 W_____ L_____ T_____
Outdoor Team Record 2002 W_____ L_____ T_____

❑ Premier/Classic—Competitive teams participating in the highest level league offered by their state association or any team that wants to play at a higher level.

❑ All Other Travel Teams (Please check one of the following)
- ❑ Div. 1/A
- ❑ Div. 2/B

State Association:_____

Other affiliate: (ex. US club soccer)_____

League:_____

Additional Information:_____

_____ _____

If you have any referees within your association who may be interested in officiating, please include their name and phone number or contact Brian Holdford toll free at 1-888-8GO-PARK (1-888-846-7275).

1._____

Phone:_____

2._____

Phone:_____

A. Did you participate in any prior Family First Sports Park tournaments before? ❑ Y ❑ N When? 20_____
B. Please enclose a copy of your league roster with the registration form.
C. Canadian teams need to complete and return a team roster.
D. Rooming lists and payment will be returned by May 1, 2004
E. All teams must be prepared to begin play at 8AM on Saturday and Sunday mornings.
F. All non-PA West teams are required to have permission to travel from their state or provincial association.

REGISTRATION INFORMATION

Club:_____

Team Name:_____

Team Manager/Contact:_____

Team Coach: _____

Team Manager/Contact Address:_____

City/State/Zip:_____

Phone:_____(Home)

Phone:_____(Work)

Team Contact E-mail: _____

Fax:_____

Division: ❑ Girls ❑ Boy Specify Age:_____

PAYMENT

Name Of Individual Making Payment:_____

Phone:_____

Enclosed Is: Full Payment Amount: $_____

Check #:_____

Please make check payable to: Family First Sports Park, Erie, PA 16509.

Please Charge My: ❑ Visa ❑ Mastercard
❑ American Express ❑ Discover

Account #:_____

Bank #:_____

Card Expiration Date:_____/_____/_____

Amount Charged: $_____

PLEASE READ AND SIGN BELOW: I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once a team has been accepted and later withdrawls, the entry fee is forfeited. In the event of bad weather, shortening or cancelling this event, entry fees will not be returned.

_____ _____
Team Manager Signature Date

For more information, please contact Jamie Smith, Jen Hart or Gary Kagiavas for details on Admirals Soccer Club info
(814) 866-5425 or call toll free at 1-888-8GO-PARK.
www.familyfirstsportspark.com

716 8th Ave. N.
Myrtle Beach, SC 29577
Phone: (843) 429-0006
Fax: (843) 626-4681
Email: admin@usclubsoccer.org
Website: www.usclubsoccer.org

TOURNAMENT HOSTING APPLICATION

You may download and print or type in this application; or use it as a template, and refer to the numbers below in a separate document that you email to us. Use an additional page if necessary. Please refer to "Tournament Rules and Sanctioning" (Policy Section 7), and the Tournament Agreement Form, which can be found on the website.

General Information:

1. Name of Tournament DAIRY QUEEN BLIZZARD CUP
2. Host Club Member ERIE ADMIRALS
3. Tournament Dates MAY 29-31, 2004 4. Facility Name FAMILY FIRST SPORTS PARK
5. Facility Owner Name and Address GARY RENAUD 8155 OLIVER RD. ERIE, PA 16509

6. Tournament Director PEDRO ARGAEZ 7. Telephone (814) 866-5425 W
8. Address 8155 OLIVER RD. 9. E-mail pedro@thesportspark.com 10. ( ) - H
11. City ERIE 12. State PA 13. Zip 16509 14. (814) 866-8066 FAX

15. Disciplinary Committee Chairman JAMIE SMITH 16. Telephone (814) 866-5425 W
17. Address 8155 OLIVER RD. 18. E-mail jamie@thesportspark.com 9. ( ) - H
20. City ERIE 21. State PA 22. Zip 16509 23. (814) 866-8066 FAX

Competition Information:

24. Type of Tournament: Class #1 X Class #2
Class #1: Open to affiliated competitive teams from US Club Soccer, other USSF affiliated members, and foreign countries.
Class #2: Open to affiliated recreational teams from US Club Soccer, other USSF affiliated members, and foreign countries.

25. Estimated Number of Teams**: Boys 80 Girls 80 Co-ed —
26. Team Entry Deadline APRIL 1, 2004 27. # Foreign Teams ? ***
28. Teams Anticipated From What States PA, NY, OH
29. Team Age Groups U9 - U19
30. Roster Size Limit/team 14 for U9/U10 18 for U11 - U19
31. Number of guest players/team from outside clubs 4
32. Source of Referees PA / OH 33. Referee Assignor BRIAN HOLDFORD
34. Referee assignor phone number (814) 866-5425 (W) (indicate if work or home number).

**Note that in all US Club Soccer sanctioned competitions, players will be permitted to play up in age group within the same club. No US Club Soccer teams will be required to obtain travel permission to participate

***Any foreign team must also obtain permission from the USSF to participate. The required form can be obtained from US Club Soccer, which should be completed and returned to us. We will then forward it to the USSF on your behalf.

--Please attach a complete set of your tournament fees and rules, including roster, competition, awards, and disciplinary rules and procedures.

Signature of President or Chief Officer of Host Club [signature] Date 10-21-03

APPROVAL APPROVED DENIAL
By [signature] Date 11/5/03
Title

OCT 28 2003