

GREAT LAKES ALLIANCE CUP

MAY 24-26, 2003

TEAM REGISTRATION FORM

PLEASE CHECK ONE AGE GROUP:

- | | | | | |
|-----------------------------------|--------|----|---------|------------------------------------|
| ☐ Boys U9 | 8/1/93 | to | 7/31/94 | ☐ Girls U9 |
| ☐ Boys U10 | 8/1/92 | to | 7/31/93 | ☐ Girls U10 |
| ☐ Boys U11 | 8/1/91 | to | 7/31/92 | ☐ Girls U11 |
| ☐ Boys U12 | 8/1/90 | to | 7/31/91 | ☐ Girls U12 |
| ☐ Boys U13 | 8/1/89 | to | 7/31/90 | ☐ Girls U13 |
| ☐ Boys U14 | 8/1/88 | to | 7/31/89 | ☐ Girls U14 |
| ☐ Boys U15 | 8/1/87 | to | 7/31/88 | ☐ Girls U15 |
| ☐ Boys U16 | 8/1/86 | to | 7/31/87 | ☐ Girls U16 |
| ☐ Boys U17 | 8/1/85 | to | 7/31/86 | ☐ Girls U17 |
| ☐ Boys U18 | 8/1/84 | to | 7/31/85 | ☐ Girls U18 |
| ☐ Boys U19 | 8/1/83 | to | 7/31/84 | ☐ Girls U19 |

Birthday Of Oldest Player: ____/____/____

PLEASE COMPLETE THE FOLLOWING:

Outdoor Team Record 2002 W ____ L ____ T ____

Outdoor Team Record 2001 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? ☐ Yes ☐ No When? 19 ____ 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, 2003

E. All teams must be prepared to begin play at 8 A.M. on Saturday and Sunday mornings.

F. All teams, including Non-US Teams, will be provided with tournament insurance coverage, which will be included with your registration fee.

DEADLINE: March 1, 2003

Application form and tournament fee must be received.

☐ 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 ☐ Boys 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 #: _____

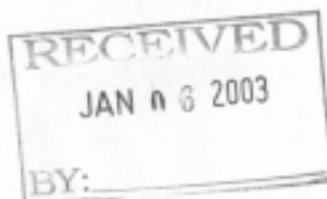
Card Expiration Date: ____/____/____

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 withdraws, 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



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 GREAT LAKES ALLIANCE
2. Host Club Member ERIE ADMIRALS SC
3. Tournament Dates MAY 24-26, 2003 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 JOHN SIKORA 16. Telephone (814) 899-0276 W
17. Address 205 HARBOR RD. 18. E-mail football@adelphia.net 9. (814) 899-0276 H
20. City ERIE 21. State PA 22. Zip 16511 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 MARCH 1, 2003 27. # Foreign Teams ? ***
28. Teams Anticipated From What States PA, NY, OH
29. Team Age Groups U4 - U19
30. Roster Size Limit/team 18
31. Number of guest players/team from outside clubs 3
32. Source of Referees ERIE, PA / CLEVELAND, OH AREA 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 1-2-03

APPROVAL

By
Title

APPROVED
Will Sen

DENIAL

Date 1 / 1 / 03