FAMILY Sports Park FIRST

PPA OPEN CUP

TEAM REGISTRATION FORM

Tournament Dates: September 11-12, 2004
Deadline: August 12, 2004 (Application form and tournament fee must be received.)

PLEASE CHECK ONE AGE GROUP:

❑ Boys U9	8/1/95	to	7/31/96	❑ Girls U9
❑ Boys U10	8/1/94	to	7/31/95	❑ Girls U10
❑ Boys U11	8/1/93	to	7/31/94	❑ Girls U11
❑ Boys U12	8/1/92	to	7/31/93	❑ Girls U12
❑ Boys U13	8/1/91	to	7/31/92	❑ Girls U13
❑ Boys U14	8/1/90	to	7/31/91	❑ Girls U14

Birthday Of Oldest Player:_____/_____/_____

Outdoor Team Record 2004 W_____ L_____ T_____
Outdoor Team Record 2003 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 August 27, 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. If a team withdraws before being accepted, the fee will be returned minus a $50 administrative fee. 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 Pedro Argaez at pedro@thesportspark.com or (814) 866-5425 ext. 227 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

Internal Use Only

Program ad:	
Regis packet	
Attendee List:	

TOURNAMENT HOSTING APPLICATION

Please download this application template, input the required information, and email to **admin@usclubsoccer.org**. Your tournament will be considered "Open" to all USSF affiliated members unless you specifically request otherwise. You may also print and fax the application, but email is strongly preferred. 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:	**PPA OPEN CUP**		
2. Host Club Member:	**ERIE ADMIRALS SC**		
3. Tournament Dates:	**SEPTEMBER 11-12, 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**	Telephone-W:	**814-866-5425 X227**
Address: City, State Zip:	**8155 OLIVER RD. ERIE, PA 16509**	Telephone-H:	
		E-mail:	**pedro@thesportspark.com**
		FAX:	**814-866-8066**
7.Disciplinary Committee Chairman:	**JAMIE SMITH**	Telephone-W:	**814-866-5425 X207**
Address City, State Zip	**8155 OLIVER RD. ERIE, PA 16509**	Telephone-H:	
		E-mail:	**jamie@thesportspark.com**
		FAX:	**814-866-8066**

Competition Information:

8.Type of Tournament:	Class #1	**Yes**	Class #2	**Pick One**		
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.						
9. Estimated Number of Teams:	Boys	**50**	Girls	**50**	Co-ed	
10. Team Entry Deadline:	**AUGUST 15, 2004**					
11. *** # Foreign Teams:	**NOT DETERMINED YET**					
12. Teams Anticipated From What States:	**NY, OH, PA**					
13. Team Age Groups:	**U9 - U14**					
14. Roster Size Limit/team:	**U9-U10 = 14; U11-U18 = 18**					
15. Number of guest players/team from outside clubs:	**4**					
16. Source of Referees:	**local / PA**					
17. USSF Certified Referee Assignor:	**BRIAN HOLDFORD**					
18. Referee assignor phone number (indicate if work or home number).	**W: 814-866-5425 X205**					

**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 | | Date: | **6-17-04**

APPROVAL APPROVED **DENIAL**

By Will Sr

Title **Date** 6/25/04