Washington State Youth Soccer Association
District 6
Tournament Application

Spring Girls March 20 - 21, 2010
TCYSA Complex, Pasco, WA

Team Name: _____ Local Association: _____ Phone: _____

Playing in Age Group (circle) U- 11 12 13 14 15 16 17 18 19

Head Coach: _____ Tournament Contact Person (if different): _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Phone (h-w-cell): _____ Phone (h-w-cell): _____

E-mail: _____ E-mail: _____

2009 FALL RECORD, DIVISION and PLACE FINISHED _____

Comments/Communications:

- An entry roster is part of this application. Use it if you do not have your own association-generated copy. Attach roster signed by your Association Registrar. The roster must include team name, Head Coach's name, players DOB's and jersey numbers.
- ***OUT OF STATE TEAMS MUST SUBMIT TRAVEL PAPERS...THIS INCLUDES TEAMS FROM IDAHO PLAYING AS "FRIENDS OF THE DISTRICT"***
- Tournament Schedules will be posted on our website by **March 15, 2010.**
  http://www.wsysad6.org/org/orginfo.asp?o=1015&wzb=1
- **Entry Fee of $300.00** must be received with your application and Association Registrar-signed roster. Once team is accepted, the entry fee is non-refundable. *Late registrations will be accepted until March 10, 2010 and assessed a $50 late fee. Entry fee for late registrations will be $350.00.*
- Maximum of 3 guest players per team.
- **Entry Deadline: March 5, 2010 Make checks payable to District 6 Soccer**
- Mail entry form, roster and entry fees to:

District 6 Girls Tournament
C/O Scott Ruf
5505 W. 20th Avenue
Kennewick, WA 99338
Email: scottruf@verizon.net
Phone: Scott Ruf – (509) 737-9425

Please accept our application to participate in the WSYSA District 6 Girls Tournament. I, on behalf of my registered team, and myself have read and understand the tournament rules and agree to abide by t hem.

Head Coach Signature: _____ Date: _____

Washington State Youth Soccer Association District 6
Tournament Application Roster
Spring Girls 2010

Team Name: _____

Playing in Age Group (circle) U- 11 12 13 14 15 16 17 18 19

Head Coach: _____ Asst. Coach / Manager_____

DOB of Oldest Player: _____

Complete ALL sections of this roster <u>or another official team roster</u>. Any and all official team rosters MUST contain the Association Registrar's signature. Maximum of 18 players, including up to 3 guest players, is allowed.

Association Registrar Signature _____Date: _____

An association-generated roster, signed by your registrar, can be used in place of this roster.
<u>PLEASE PRINT CLEARLY OR TYPE NAMES!!</u>

Last Name	First	Birth Date	Jersey #	Last Name	First	Birth Date	Jersey #
1.				10			
2.				11			
3.				12			
4.				13			
5.				14			
6.				15			
7.				16			
8.				17			
9.				18			