

Team Automotive Group RED STICK REC XX

INVITATIONAL SOCCER TOURNAMENT

March 17 &18

AGE DIVISIONS: Boys – U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
(Circle one) Girls - U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

TEAM NAME: _____

LOCAL ASSOCIATION: _____ STATE ASSOCIATION: _____

MANAGER/COACH: _____ **PHONE NUMBERS:**
NAME: _____ (H) _____

ADDRESS: _____ (W) _____

CITY, STATE, ZIP _____

Email Address: _____

TEAM HISTORY: Current Soccer Year (to date)

League Record: W _____ T _____ L _____
Ranking in local Association: _____ out of _____ teams.

Tournament Record: W _____ T _____ L _____

Names of Tournaments in which your team reached the semifinals:

Names of Tournaments that your team won:

My signature below certifies that my team is registered and in good standing with my local and state association. We will play all games as scheduled during this event and will follow all tournament rules. My team will present approved, laminated player/coach passes and medical consent forms at team check-in.

Signature of Manager/Coach Date

Check list: _____ \$300 (U10), \$400 (U11-U12), or \$450 (U13-U19)
_____ State approved roster with signature of Coach & League Registrar
_____ Travel permits for out-of-state teams

Submit no later than Friday February 17th 2012:

BRSA
142 Lobdell Ave.
Baton Rouge, LA 70806

REFEREE INFORMATION

Referee's Name: _____ Phone: (H) _____ (W) _____

Address: _____ City, State, Zip: _____

Grade: _____ Highest Assignment Preferred: Ref: _____ Asst. Ref: _____

BRSA Contact Information: 225/924-2157 or 926-6985 fax: 225.924.5674
Email Address: Willie Davis wdavis@brsa.org or Bret Malone bmalone@brsa.org