

**Jr. Irish Memorial Day  
Invitational Soccer Tournament  
Saturday, May 29 – Monday, May 31, 2010**

**Team Name:** \_\_\_\_\_  
 Circle One:                      Male                      Female

**Team State:** \_\_\_\_\_ **Team City:** \_\_\_\_\_

*Teams may enter a division if every player on the team is carded and born before August 1 of the year indicated.*

Check One:	_____ U12 (8/1/97) [8 v 8] or	_____ U16 (8/1/93)
_____ U8/U9 (8/1/00) [6 v 6]	_____ U12 (8/1/97) [11v11]	_____ U17 (8/1/92)
_____ U9 (8/1/00) [6 v 6]	_____ U13 (8/1/96)	_____ U18 (8/1/91)
_____ U10 (8/1/99) [6 v 6]	_____ U14 (8/1/95)	_____ U19 (8/1/90)
_____ U11 (8/1/98) [8 v 8]	_____ U15 (8/1/94)	

Coach \_\_\_\_\_ (Please note that if you are coaching more than one team, scheduling conflicts may exist)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Coach E-Mail \_\_\_\_\_ (Print **clearly** as e-mail will be the primary mode of communication)

Manager \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Manager E-mail \_\_\_\_\_ (Print **clearly** as e-mail will be the primary mode of communication)

Anticipated Cell Phone number for Tournament: \_\_\_\_\_

Name of Cell Phone Owner for Tournament: \_\_\_\_\_

Text e-mail address of cell phone or pager for manager and/or coach at Tournament

(i.e. 5742222222@pagenet.net): \_\_\_\_\_

**Send tournament materials to (check one):**                      \_\_\_\_\_ Coach                      \_\_\_\_\_ Manager

Other (provide name and address)

Team Info

League \_\_\_\_\_

Division (Please explain, indicating clearly the competitive level of your team. This is very important -attach additional pages if needed).  
 \_\_\_\_\_  
 \_\_\_\_\_

Most Recent League History (very important) \_\_\_\_\_

Tournament History and Record (very important) \_\_\_\_\_

Local Organization \_\_\_\_\_

USSF Affiliated?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No if no, what is your affiliation?

Requested MDI Division:     Green     White (Creation of Divisions, and placement in requested Division, cannot be guaranteed)

Please send a separate application for each team applying (this application may be copied as needed). Send a USSF approved team roster and check made payable to: **Jr. Irish Soccer** for **\$475 (U8/U9, U9, and U10) / \$500 (U11 through U19)** for each team entering the tournament. Please note that once team is accepted the registration fee is *non-refundable*. Also, there is no refund if any or all games are canceled due to severe weather. However, in the event the entire tournament is cancelled, due to many fixed expenses, half of the registration fee will be refunded. Four games are guaranteed (weather permitting).

Send Application, Check, and Team Roster to:  
 Jr. Irish Soccer Club - Applications  
 P.O. Box 454  
 Mishawaka, IN 46546

**Return by March 31, 2010**

**All teams will be notified about their acceptance after April 23, 2010**