

**Jr. Irish Memorial Day
Invitational Soccer Tournament
Saturday, May 23 – Monday, May 25, 2009**

Team Name: _____
 Circle One: Male Female

Team State: _____ **Team City:** _____

Teams may enter a division only if every player on the team was born after August 1 of the year indicated.

Check One:	_____ U12 (8/1/96) [8 v 8] or	_____ U16 (8/1/92)
	_____ U12 (8/1/96) [11v11]	_____ U17 (8/1/91)
_____ U9 (8/1/99) [6 v 6]	_____ U13 (8/1/95)	_____ U18 (8/1/90)
_____ U10 (8/1/98) [6 v 6]	_____ U14 (8/1/94)	_____ U19 (8/1/89)
_____ U11 (8/1/97) [8 v 8]	_____ U15 (8/1/93)	

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 (U-9 and U-10) / \$500 (U-11 through U-19)** 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 21, 2009

All teams will be notified about their acceptance after April 17, 2009