

FRAMINGHAM UNITED SOCCER CLUB
26th ANNUAL MEMORIAL DAY SPORTSMANSHIP CLASSIC
MAY 26 - 27 - 28, 2007 APPLICATION

CURRENT LEVEL OF PLAY: (Based on level of Spring 2007 league play)
 (There will be no U12 11 v 11 this year due to MYSA changes)

	AGE	<u>MALE</u>	<u>FEMALE</u>	<u>DIVISION</u>	<u>LEVEL</u>
_____	U18 11 v 11 (Born on or after 8/1/88)	_____	_____	_____	_____
_____	U16 11 v 11 (Born on or after 8/1/90)	_____	_____	_____	_____
_____	U14 11 v 11 (Born on or after 8/1/92)	_____	_____	_____	_____
_____	U12 8 v 8 (Born on or after 8/1/94)	_____	_____	_____	_____
_____	U10 6 v 6 (Born on or after 8/1/96)	_____	_____	_____	_____

CLUB / ASSOCIATION NAME: _____
SPECIAL REQUEST TO PLAY UP: _____

TEAM NAME (if none, please indicate such): _____

NAME OF CURRENT: LEAGUE _____

TEAM RECORD:

FALL 2006	WON	_____	LOST	_____	TIED	_____
SPRING 2007	WON	_____	LOST	_____	TIED	_____

Other: _____

AREA FROM WHICH YOU DRAW PLAYERS:
 (List towns) _____

HAVE YOU PLAYED THIS TOURNAMENT BEFORE? NO _____ YES _____ YR _____

COACH: NAME _____ PHONE: _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 E-MAIL (MANDATORY) _____

TEAM MANAGER / ALTERNATE CONTACT:
 NAME _____ PHONE: _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 E-MAIL (MANDATORY) _____

PLEASE NOTE THAT AN E-MAIL ADDRESS IS MANDATORY. WE WILL BE USING THE E-MAIL ADDRESS TO COMMUNICATE DETAILS AS THE TOURNAMENT DATE NEARS. REGISTRATION WILL BE COMPLETED ONE WEEK BEFORE THE TOURNAMENT. REGISTRATION IS NO LATER THAN 1 HOUR BEFORE YOUR FIRST GAME.

HOW DID YOU LEARN ABOUT THIS TOURNAMENT? _____

To be considered for the tournament, please submit this application, a team roster, and the appropriate application fee to:

Tournament Registrar, 13 Norman Drive, Framingham, MA 01701
Any questions call Geary Stacey, Tournament Director at (508) 872-4634.
 Visit www.fusc.org for details on roster requirements or any other forms.