

**FRAMINGHAM UNITED SOCCER CLUB**  
**29th ANNUAL MEMORIAL DAY SPORTSMANSHIP CLASSIC**  
**MAY 29 - 30 - 31, 2010 APPLICATION**

	<b>AGE OF PLAY</b>	<b>COST</b>	<b>MALE</b>	<b>FEMALE</b>	<b>Perferred Grouping (A, B, C)</b>
_____ <b>U9</b>	6 v 6 (Born on or after 8/1/00)	<b>\$330</b>	_____	_____	_____
_____ <b>U10</b>	6 v 6 (Born on or after 8/1/99)	<b>\$330</b>	_____	_____	_____
_____ <b>U11</b>	8 v 8 (Born on or after 8/1/98)	<b>\$395</b>	_____	_____	_____
_____ <b>U12</b>	8 v 8 (Born on or after 8/1/97)	<b>\$395</b>	_____	_____	_____
_____ <b>U14</b>	11 v 11 (Born on or after 8/1/95)	<b>\$425</b>	_____	_____	_____
_____ <b>U16</b>	11 v 11 (Born on or after 8/1/93)	<b>\$425</b>	_____	_____	_____
_____ <b>U18</b>	11 v 11 (Born on or after 8/1/91)	<b>\$425</b>	_____	_____	_____

**PLEASE NOTE: Preferred Grouping is not a guarantee; subject to number of teams.**

**TOWN / CLUB / ASSOCIATION NAME:** \_\_\_\_\_  
**TEAM NAME** (if none, please indicate such): \_\_\_\_\_

**CURRENT LEVEL OF PLAY (Based on level in Spring 2009 & Fall 2009 league play)**

**NAME OF LEAGUE** \_\_\_\_\_  
**DIVISION (1,2,3 etc)** \_\_\_\_\_ **LEVEL OF PLAY (A,B,C etc)** \_\_\_\_\_  
**SPRING 2009 WON** \_\_\_\_\_ **LOST** \_\_\_\_\_ **TIED** \_\_\_\_\_  
**FALL 2009 WON** \_\_\_\_\_ **LOST** \_\_\_\_\_ **TIED** \_\_\_\_\_  
**FALL 2009 TOURNAMENTS** \_\_\_\_\_

**HAVE YOU PLAYED THIS TOURNAMENT BEFORE?** YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, WHAT YEARS?** \_\_\_\_\_

**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.**

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**

**For any questions call our Tournament Registrar:**  
**Geary Stacey at (508) 872-4634 or FAX (866) 387-2940**  
**OR visit [www.fusc.org](http://www.fusc.org) for details on roster requirements or any other forms.**