

MEMORIAL DAY CLASSIC - 33rd ANNUAL

FRAMINGHAM UNITED SOCCER CLUB

MAY 24 - 25, 2014 APPLICATION

	AGE OF PLAY	COST	MALE	FEMALE	Preferred Grouping (A, B, C)
U9	6 v 6 (Born on or after 8/1/04)	\$ 335			
U10	6 v 6 (Born on or after 8/1/03)	\$ 335			
U11	8 v 8 (Born on or after 8/1/02)	\$ 405			
U12	8 v 8 (Born on or after 8/1/01)	\$ 405			
U14	11 v 11 (Born on or after 8/1/99)	\$ 435			

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 2014 & all 2013 league play)

NAME OF LEAGUE _____

DIVISION (1,2,3 etc) _____

LEVEL OF PLAY (A,B,C etc) _____

SPRING 2014 WON _____

LOST _____

TIED _____

FALL 2013 WON _____

LOST _____

TIED _____

SPRING 2013 WON _____

LOST _____

TIED _____

FALL 2013 TOURNAMENTS _____

HAVE YOU PLAYED THIS TOURNAMENT BEFORE?

YES _____ **NO** _____

IF YES, WHAT YEARS? _____

COACH:

NAME _____

PHONE: _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

E-MAIL (REQUIRED) _____

TEAM MANAGER / ALTERNATE CONTACT:

NAME _____

PHONE: _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

E-MAIL (REQUIRED) _____

PLEASE NOTE THAT AN E-MAIL ADDRESS IS REQUIRED. WE WILL BE USING THE E-MAIL ADDRESS TO COMMUNICATE DETAILS AS THE TOURNAMENT DATE NEARS. GAME REGISTRATION WILL BE NO LATER THAN

1 HOUR BEFORE YOUR FIRST GAME AT EACH SITE LOCATION.

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 QUESTIONS - CALL OR E-MAIL:

Tournament Director

Scott Vermilya

(508) 877-5022

e-mail: tournament-director@fusc.org

Tournament Registrar

Geary Stacey

(508) 872-4634

e-mail: gwstacey@comcast.net

OR visit www.fusc.org for details on roster requirements or any other forms.