



2009 Coppell Cup Soccer Tournament August 21 - 23, 2009

Coppell Youth Soccer Association
Coppell, TX

Fees: U7- U8 - \$200

U9 - U10 teams - \$250

U11 - U12 teams - \$300

Recreational Teams Only

ENTRY FORM: (Print legibly please)

Team Name: _____

Home Association: _____

Jersey Colors _____ Alt Colors _____

Age Group: U7 U8 U9 U10 U11 U12 (Circle One) Boys or Girls (Circle One)

Coach: _____ Phone: H# _____ W# _____ F# _____

Address: _____ City: _____ Zip _____

Manager: _____ Phone: H# _____ W# _____ F# _____

Address: _____ City: _____ Zip _____

Do you head coach any other teams playing in this tournament? If so, list team name and age group

Please indicate who is to receive all correspondence: Coach or Team Manager (circle one)

Do you have an email address? If so, list _____

2009 Spring Team Record Playing Assoc _____ Div _____ Wins _____ Losses _____ Ties _____

2008 Fall Team Record Playing Assoc _____ Div _____ Wins _____ Losses _____ Ties _____

Recent Tournament Name: Tournament Results:

Forms: • Three (3) guest players allowed for all teams. • Medical Release forms MUST be notarized.

• Guest Players MUST be registered for the Fall 2009 season as recreational players and on a recreational team in their home association. • No guest players from a competitive team may act as a guest player on a recreational team.

Tournament Check-In: • Thursday, August 20, 2009 at the CYSA Office 10 am – 8 pm. • Guest Players may be added until check-in on August 20, 2009. • Guest Player Release forms must have all signatures (including home association signature) for player to be accepted. • Guest Player Deadline is at check-in on August 20, 2009!!! • Out of town teams that cannot check-in early, please call for check-in instructions. 972-304-0886

Entry: • Please remember that entry form, roster and entry fee (payable to CYSA) must be postmarked or submitted by August 7, 2009. • If sending by express mail, please waive signature. Final Fall 2009 Roster must be an official roster signed by home association registrar. • Appropriate signatures are a must on all forms!

Mail to: Andy Gabehart- Tournament Director, c/o CYSA, 509 W. Bethel Rd., Coppell, TX 75019

For CYSA Tournament use only: Postmarked _____ Received _____

Check # _____ Amount \$ _____ Signed Roster _____ # Guest Players _____

Release Forms Received _____ Team Accepted _____ Team Denied _____