

Tosa Kickers Soccer Association

www.tosakickers.com

2009 TosaFest Soccer Tournament September 11-13 2009

Dear Coach/Manager:

The Tosa Kickers Soccer Association would like to invite your team(s) to participate in our 2009 soccer tournament to be held September 11-13, 2009.

- Entry Deadline: Entry deadline for consideration is **Wednesday, August 19, 2009**. Teams will be notified of their acceptance on or before **Friday, August 23, 2009**. Withdrawal after acceptance will forfeit entry fees.
- Divisions: Girls: U7, U8, U9, U10, U11, U12, U13, U14, Rec. and Select (U11+).
Boys: U7, U8, U9, U10, U11, U12, U13, U14, Rec. and Select (U11+).
- Eligibility: All players and teams must be USYSA-registered for the 2009-2010 season. GUEST PLAYERS WILL BE ALLOWED TO PLAY. Travel permits required for out-of-state teams.
- Rosters: Team rosters are limited to the maximum size allowed for the age level, which you are registering for. An official USYSA roster authorized by your district registrar must be submitted after notification of acceptance (at tournament registration is acceptable).
- Games: Each team will play a minimum of 3 games. Local teams may be scheduled for Friday night games. All fields will be located within three miles of the Village area of Wauwatosa, site of the city's "TosaFest."
- Awards: Participation awards to all player participants U10 and younger. Individual trophies will be awarded to first and second place winners of the U11 and older teams.
- Fees: **\$160** for U7 to U8, **\$210** for U9 to U10, and **\$250** for teams U11 and older. Checks should be payable to "Tosa Kickers Soccer Association."

Send applications and entry fees to:

TosaFest Soccer Tournament
C/o Tom Ertel
7440 Oakhill Ave.
Wauwatosa, WI 53213

Game schedules, field site maps, tournament rules and general information will be e-mailed about one week prior to the tournament. Additional information will be posted when available on the Tosa Kickers website: <http://tosakickers.com/>

Sincerely,

Tom Ertel
414-861-3725 (cell)
tom.ertel@sbcglobal.net

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2009 Tosa Fest Soccer Tournament Team Application Form

TEAM CONTACT INFORMATION:											
Name: _____											
Street Address: _____											
City: _____		State: _____		Zip: _____							
Phone: _____		Alt. Phone For Game Day _____									
Email Address (required): _____											
TEAM INFORMATION:											
Team Name: _____											
Association/Club: _____											
Coach's Name: _____			Phone: _____								
Manager's Name: _____			Phone: _____								
PLEASE CIRCLE APPROPRIATE AGE LEVEL											
COED:	U7	U8	U9	U10	U11	U12	U13	U14	REC	SELECT	Level ____
GIRLS:	U7	U8	U9	U10	U11	U12	U13	U14	REC	SELECT	Level ____
LEAGUE RECORD (SELECT TEAMS ONLY)											
League Name			Won	Lost	Tied						
_____		Fall 2007 Record	_____	_____	_____						
_____		Spring 2008 Record	_____	_____	_____						
TOURNAMENT RECORD (SELECT TEAMS ONLY)											
Tournament			Won	Lost	Tied						
_____			_____	_____	_____						
_____			_____	_____	_____						
_____			_____	_____	_____						
OTHER TEAM COMMENTS											
Are you able to play a Friday evening game?											
Are you coaching more than one team?											
Are you entering in conjunction with any other teams? If so, please identify here.											
OFFICIAL USE ONLY:											
Date received: _____		Check No. _____									
Accepted: _____		Acceptance Letter Sent: _____									
Medical Releases: _____		Official Roster: _____									
Travel Permit: _____		Refund Date: _____									