

Rose City Soccer Challenge

Thomas Area Soccer Association -- Thomasville, Georgia

Tournament Director: Kitsi Wallace

Contact Information:

Kitsi Wallace, Tournament Director
101 Jordan Dr.
Thomasville, GA 31757
(229) 224-5970
rosecitytournament@yahoo.com
kitsiredd@hotmail.com

Host Club Information:

Thomas Area Soccer Association
(TASA)
P. O. Box 662
Thomasville, GA 31799
tasa@tasasoccer.com
www.tasasoccer.com

Age Divisions:

U-10, U-11, U-12, U-13, U-14, U-15, U-16, U-17, U-19

Entry Fee:

\$350 for U-10 through U-12 teams; \$400 for U-13 and above

Format:

Format will vary according to entry numbers and will be either round-robin play or preliminaries/finals format. All teams will be guaranteed a minimum of 3 matches. When possible we will divide age divisions into competitive and recreation.

Except as noted below, teams play 11 per side with maximum roster of 18.

U-10 teams will play 6 per side with maximum roster of 12;

U-11 and U-12 teams will play 8 per side, maximum roster of 14;

U-17 and U-19 maximum roster of 22

Awards:

Winners and runners-up of championship in each age group will receive individual medals and a team trophy.

Accommodations:

Because of the limited motel space, it is suggested that you make reservations early. Please be sure to cancel any unneeded rooms. A listing of area motels is provided on the website.

Application Procedures:

1. Entry forms must be completed and returned by due date (posted on website)
2. An additional \$50 fee applies after the due date
3. All teams will be notified of acceptance
4. Teams which withdraw from the tournament after the due date will forfeit their entry fee.
5. All players, excluding guest players, must be registered on respective teams.
6. Each team will be allowed 3 guest players not to exceed USYSA roster limits.
7. All players must be USYSA-affiliate or US Club registered and have a current player pass.
8. Checklist: of items to include in application:

___ Entry form for each team

___ 4 (four) photocopies of Official rosters

___ Guest players listed on supplemental roster form (four copies)

___ Approved travel permit (State Association-registered teams if outside GA)

___ Check or money order payable to TASA

___ **Mail to: Kitsi Wallace, Tournament Director**

101 Jordan Dr.

Thomasville, GA 31757

9. At check-in (see separate page with complete check-in instructions):

Turn in Medical/Liability release form (on website)

Present original of Official roster

Present Player Pass for each player

Application
Rose City Soccer Challenge
Kitsi Wallace, Tournament Director
101 Jordan Lane, Thomasville, GA 31757

Team Name _____

Association/Club _____

City/State _____

Age group: U-10 U-11 U-12 U-13 _____ Girls _____ Rec/Less Competitive
 U-14 U-15 U-16 U-17 U-19 _____ Boys/Coed _____ More Competitive

Coach _____ Phone (H) _____ (W) _____

E-mail _____ Phone (M) _____ fax _____

Address _____

City/State/Zip _____

Manager _____ Phone (H) _____ (W) _____

E-mail _____ Phone (M) _____ fax _____

Address _____

City/State/Zip _____

Please circle name and phone number above for contact person during tournament

Primary Jersey Color _____ Alternate Jersey Color _____

Competitive Record for current & previous season: Wins _____ Losses _____ Ties _____

Previous Tournament Experience _____

If applicable:

Attach a list of up to 3 guest players. Guest players will be required to have player passes and be USYSA -affiliate or US Club registered players. The roster limit, including guest players, is 12 players per team for U-10; 14 players for U-11 and U-12; 18 players for U-13 through U-16, and 22 players for U-17 and U-19.

Please list: Guest Player Name - Address - City/State/Zip - Phone - Birthday

1. _____
2. _____
3. _____

Do not write in this space

_____ 4 copies of Official Roster	at registration check-in:
_____ guest player roster	_____ medical / liability release form
_____ registration fee	_____ player passes
\$ _____ # _____	_____ original roster presented
_____ travel permit if required	