

PMYSL 1st Indoor Travel Tournament

Sat. & Sun., Jan 21 & 22, 2006

This is a tournament fundraiser for the Pat-Med Booster Club to raise funds for Spring School sports programs the Patchogue-Medford School District. All teams will play three games with awards for 1st and 2nd place in each division. All games will be played at the Patchogue-Medford High School and will be refereed by L.I.S.R.A referees. This is a first come first served registration because of limited space. All forms can be found at WWW.PMYSL.ORG or you can call Jerry Manion at 631-475-6477 or e-mail him at soccerjerk627@yahoo.com.

- Return the attached form with the roster filled out and a check made payable to PMYSL to: PMYSL 72 Seaside Ave. Patchogue N.Y. 11772.
- All applications must be received by January 14, 2006.
- A completed and notarized medical release form for each player must be brought to the fields on game day (ENYYSA rule). These will be checked at registration but remain in the possession of the coach.
- All information relative to the tournament will be mailed approximately one week prior to the event.
- There will be a team registration table at the High School. Please arrive at least 30 minutes prior to your first game to check in.

If you have any questions, please feel free to call the festival director: Jerry Mannion at 475-6477 or E-Mail at SoccerJerk627@yahoo.com

Age Group	Play	Max. Roster	Game Length	Fee	Division
U9	6 v 6	12	25 min.	\$200	B+G
U10	6 v 6	12	25 min.	\$200	B+G
U11	6 v 6	15	25 min.	\$200	B+G
U12	6 v 6	18	25 min.	\$200	B+G
U13	6 v 6	18	25 min.	\$200	B+G
U14	6 V 6	18	25 min.	\$200	B+G

PMYSL 1st Indoor Travel Tournament
Sat. & Sun. Jan 21 & 22, 2006
Team Registration Form

Name of Club and Team: _____

Coach: _____

Address:

Phone Number: _____ Fax Number: _____

E-Mail Address _____

Age Group U _____ Boys Girls (Circle Boys or Girls)

Team Strength: Strong _____ Average _____ Weak _____

Roster (Players Name and Birthdates)

Name	D/O/B	Name	D/O/B
1.		10.	
2.		11.	
3.		12.	
4.		13.	
5.		14.	
6.		15.	
7.		16.	
8.		17.	
9.		18.	

I certify that the player's listed on this roster are registered and insured intramural players with ENYSA and the birthdates shown are correct.

Coaches Signature

_____ Date: _____

Club Registrar/President signature:

_____ Date: _____