

Monday, January 12, 2009

# 2009 BOYS PLANTATION CUP OPEN INVITATIONAL TOURNAMENT

WWW.STCHARLESSOCCER.ORG

## • BOYS Division 1 & Rec - Tournament - APRIL 3 - 5, 2009

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*Greetings Soccer Team Coaches, Managers & Players,*

Thank you for your interest in participating in our 2009 Plantation Cup Invitational Tournament to be played at our Soccer Complex @ JB Martin School in Paradis, LA. *This will be your last opportunity to "tune-up" before the **Division 1 All State Sugar Bowl State Tournament**.* Out of state (USYSA) teams from Texas, Mississippi, Florida, and Alabama will be accepted. These teams must provide an official Travel Permit. We prefer to send out Tournament info by EMAIL, and post on our WEB SITE, but if you prefer USPS mail please make a note on your application.

This year the tournament will include a U10 Jamboree, U11/U12 Small Sided format, and U13-U19 brackets. **PLEASE READ** - *A combination of age brackets will be required if there are not enough teams to have age perfect brackets, i.e. U11/U12, U13/U14, etc. We will attempt to accommodate pure age bracket play in the round robin portion of tournament. If there are not enough Rec teams for separate brackets they will be placed in brackets with Division 1 teams. There will be NO guarantee of pure recreation brackets.* The tournament will follow the rules & formats established by the Louisiana Soccer Association (LSA).

### ● **Application Deadline:**      **March 21, 2009**

*All applications received by due date will be considered for participation. Each bracket will be limited to the number of teams in each. Teams not accepted will be issued a full refund of all fees.*

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### ● **Fees are as follows:**

- U10 Jamboree:      \$200.00
- U-11 & U-14      \$325.00
- U-15 through U-19:      \$350.00

- Participation Awards to all.
- First & Second Place awards to all bracket winners.



***These fees are non-refundable unless weather or other circumstances cause the cancellation of tournament. Administrative expenses will be deducted.***

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- Your application must be completed in full and include the following:
    1. A check made payable to "St. Charles Soccer"
    2. A signed USYSA / LSA approved team roster.
    3. Out of state teams must provide an official Travel Permit.
  - **Referees Needed:** Please consider participating in our tournament. Premium rates will be paid. Contact Steve Delk @ 985-783-2404, [stevedelk@cox.net](mailto:stevedelk@cox.net)
  - Team check-in must be completed 1 hour prior to first scheduled game. **Upon check-in you must provide the following:**
    1. LSA Approved Medical Consent forms for all rostered players.
    2. Laminated USYSA Player passes for all rostered players & coaches.
    3. Official current roster.
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**Boys Tournament Director: Bill Ballard**, 985-210-1688 cell, [wjballard@cox.net](mailto:wjballard@cox.net)  
**Mail Boys Applications to:** ATTN: PLANTATION CUP  
121 Dunleith Dr., Destrehan, LA 70047

# 2009 BOYS PLANTATION CUP OPEN INVITATIONAL TOURNAMENT APPLICATION


**April 3 - 5, 2009**


**Mail BOYS Applications to:**  
**(Received by: March 21, 2009)**

**Bill Ballard** (Attn: Plantation Cup)  
121 Dunleith Drive, Destrehan, LA 70047  
985-764-0786, [wjballard@cox.net](mailto:wjballard@cox.net)

<b>AGE GROUP:</b>	<b>U- _____</b>		
<b><u>ENTRY FEES</u></b>	<b>U10 \$200</b>	<b>U13 \$325</b>	<b>U16 \$350</b>
<b>Circle One</b>	<b>U11 \$325</b>	<b>U14 \$325</b>	<b>U17 \$350</b>
	<b>U-12 \$325</b>	<b>U-15 \$350</b>	<b>U19 \$350</b>

<b>TEAM NAME</b>	<b>DATE</b>
<b>CLUB/ASSOCIATION:</b>	<b>STATE ASSOCIATION</b>
<b>COACHES NAME</b>	<b>HOME PHONE WORK PHONE CELL PHONE</b>
<b>MANAGERS NAME</b>	<b>HOME PHONE WORK PHONE CELL PHONE</b>
<b>ADDRESS (Coach / Manager, circle one) <u>To receive Mail</u></b>	<b>Primary Colors (Jersey / Shorts)</b>
<b>EMAIL (Coach / Manager, circle one)</b>	<b>Alternate Colors (Jersey / Shorts)</b>
<b>**REFEREE Contact</b>	<b>**REFEREE Contact</b>

**Fall 2008 Record** WINS: \_\_\_\_ LOSSES: \_\_\_\_ TIES: \_\_\_\_ TOURNAMENTS: 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ SEMIS \_\_\_\_

**Spring 2009 Record** WINS: \_\_\_\_ LOSSES: \_\_\_\_ TIES: \_\_\_\_ TOURNAMENTS: 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ SEMIS \_\_\_\_

**Check  Box**

**Please enclose the following:**

1. Check payable to **ST. CHARLES SOCCER** for the appropriate amount.
2. Completed official LSA or your State Association roster.
3. Out of state Travel Permit if applicable.


***My signature below certifies that the information on this application is true & accurate. I also agree to adhere and to follow all of the PLANTATION CUP Tournament rules as posted.***

Signature & Title \_\_\_\_\_

Date \_\_\_\_\_

Date Received: _____	<b>Plantation Cup Use Only</b>	Travel Permit: _____	
	Accepted Y      N		
Fee Received: _____	Check # _____	Roster: _____	
PACKET MAILED (EMAIL): Y    N	League Initial: _____		