

GALVESTON COUNTY YOUTH SOCCER TUNE-UP SOCCER TOURNAMENT

Dates: Saturday, August 28th and Sunday, August 29th

Locations: Games will be played on the fields in Texas City and Santa Fe

Teams: Boys and Girls
 U9 and U10 Division 4, 6 v 6, maximum 10 players
 U-11 and U-12 Division 3, 2, and Qualifiers, 8 v 8, maximum 14 players
 U-13 - U-19 Division 3, 2, Super 2, 1 11 v 11 maximum 18 players
 Each player must have a properly laminated picture player pass
 Max. 3 guest players will be allowed

Entry Fees: U9/U10 \$225.00 per team U-11/U-12 \$250.00 per team
 U-13 - U-19 \$325.00 per team

NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT.

Deadlines: Completed team application, entry fees, and team rosters are all due by August 24th.

Awards: All Divisions - Individual awards will be given to the first and second place teams.

Format: U-9, U-10 will play 40 minute games (20 minute halves) with a 5 minute half-time. Minimum 3 games.
 U-11, U-12 will play 50 minute games (25 minute halves) with a 5 minute half-time. Minimum 3 games.
 U-13 - U-19 will play 60 minute games (30 minute halves) with a 5-10 minute half-time. Minimum 3 games.

Entry Process: Please complete application and return with appropriate entry fee payable to "GCYS". Checks and Money Orders in Blue or Black ink please:

Mail to:
 GCYS
 P.O. Box 2371
 Texas City, TX 77592-2371


For more information, email:
maxdoner@aol.com Max Doner
 or visit: www.gcysoccer.org

Tournament Rules

All games will be played according to current U.S.S.F. rules with the following exceptions:

- U-11 and U12 (8 v 8) will play 50 minute games (25 minute halves) with a 5 minute half-time, U13 - U19 will play 60 minute games (30 minute halves) with a 5-10 minute half-time.
- U9, U10, (6 v 6) will play 40 minute games (20 minute halves) with a 5 minute half-time.
- Teams will play round robin format, points earned using 10 point system will determine winners.
- Free substitutions will be allowed on goal kicks, your own throw-in, after goals, and at half-time.
- No protests will be allowed. Decision of the referee will be final.
- Max. 3 guest players.
- Players may play on only one team
- Games will be officiated by a minimum of 1 referee.
- Tie Breakers will be determined by: 1) Head to Head 2) Goal Differential (3 max/game) 3) Goals Against 4) Coin Flip
- Teams from outside STYSA must have a copy of signed and approve Travel Permit.
- Game schedules will be posted on our website www.gcysoccer.org as soon as available.

See our website www.gcysoccer.org for complete set of tournament rules.


A Proud Member of US Soccer
US YOUTH SOCCER

Please Print or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

GCYS
 Name of Tournament or Games: Tune-up Tournament Website URL: www.gcysoccer.org
 Hosting Organization: Galveston County Youth Soccer Type of Tournament: Select International Select & Host
 Designate Official of Hosting Organization: Max Doner Title: Tournament Director Phone: 409-256-7621 W
 Address: 2601 27th Avenue NW Email: maxdoner@aol.com Phone: 409-945-7625 H
 City: Texas City State: TX Zip Code: 77590 Phone: () FAX
 State Association or Affiliate: STYSA Guest Referee Applications Accepted: Yes No
 Location of Tournament or Games: Santa Fe Texas City, TX TEAM ENTRY DEADLINE: August 24, 2010
 Date(s) of Tournament or Games: August 28+29, 2010 Estimated # of Teams: 60
 Tournament or Games Director or Contact Person: Max Doner Phone: 409-256-7621 W
 Address: 2601 27th Avenue NW Email: maxdoner@aol.com Phone: 409-945-7625 H
 City: Texas City State: TX Zip Code: 77590 Phone: () FAX

Age Group	Types of Teams Accepted*	# of Teams	# of Games	Length of Game	# of Players per Team	Awards	Admission # of Games	Entry Fee	Food
U9	RT/53	10	5	40	6	3	225	200	<input type="checkbox"/>
U10	RT/53	10	5	40	6	3	225	200	<input type="checkbox"/>
U11	RT/52,53	14	7	50	8	3	250	200	<input type="checkbox"/>
U12	RT/52,53	14	7	50	8	3	250	200	<input type="checkbox"/>
U13	RT/52,53	18	9	60	11	3	325	200	<input type="checkbox"/>
U14	RT/52,53	18	9	60	11	3	325	200	<input type="checkbox"/>
U15	RT/52,53	18	9	60	11	3	325	200	<input type="checkbox"/>
U16	RT/52,53	18	9	60	11	3	325	200	<input type="checkbox"/>
U17	RT/52,53	22	11	60	11	3	325	200	<input type="checkbox"/>
U18	RT/52,53	22	11	60	11	3	325	200	<input type="checkbox"/>

*List #Types of teams and tournaments to be received side-by-side form.

RT RESTRICTED TOURNAMENT - Open only to members of US Youth Soccer and its State Associations.
 Teams will be restricted to teams within the state association Teams will be invited from all US Youth Soccer Associations/Affiliates only.
 IT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed:
 International Teams as listed:

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization: Randy Lujan Date: 4-5-10
 APPROVAL
 (For Official Use Only) STATE ASSOCIATION OR AFFILIATE: STYSA Date: 4-28-10
 By: Laura Medina Title: Asst. Dir.

Paid \$100.00 #15-94 #117/09

2010 GCYS Tune Up Tournament

Sponsored by Galveston County Youth Soccer

www.gcysoccer.org

Tournament Director: Max Doner
e-mail: maxdoner@aol.com
home phone: (409) 945-7025
cell phone: (409) 256-7631

Team Name: _____ Club: _____

Sex: (Circle one) M or F Club Association: _____

Circle your team's age group and playing level for the upcoming 2010 fall season

Circle one age group: U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Circle one playing level: Div IV Div III Div II Super II Div I

Team Contact/Position: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____

E-mail: _____

Fees: U9/U10 \$225.00 U-11/U-12 \$250.00 U-13 – U19 \$325.00

Mail completed form with registration fee and roster to:

GCYS
P.O. Box 2371
Texas City, TX 77592-2371

Team Roster

Club and Team Name: _____

Name of Coach: _____

Name of Assistant Coach: _____

Shirt Color: _____ Alternate Color: _____

					(Club Use Only)	
	Player's Name	Birth Date	Jersey Number	Player Pass	Medical Release	Player Pass
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____

I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once my team is accepted and later withdraws, the entire fee is forfeited. A refund will be made in the event of Tournament cancellation resulting in no games played by your team less an administrative fee. In case of an accident or injury while en-route to or from the Tournament or any games associated activities, or while participating in the tournament, South Texas Youth Soccer Association, and the GCYS Tune-Up Tournament will not be held liable. My team meets all requirements outlined for the tournament.

Registrar's Signature _____ Date _____

Coach's Signature _____ Date _____