

April Fools Festival



<u>Divisions</u>	<u>Date</u>	<u>Time</u>	<u>Number of Players on Field</u>	<u>Cost (USA Funds)</u>
U10 Festival	Sat. April 17 th	7am-2pm	8v8	\$200
U11 Boys	Sun. April 18 th	7am-4pm	8v8	\$200
U12 Boys	Sun. April 18 th	7am-4pm	8v8	\$200
U13 Boys	Sat. April 17 th	7am-4pm	7v7	\$200
U14 Boys	Sat. April 17 th	7am-4pm	7v7	\$200
U15 Boys	Sun. April 18 th	7pm-4pm	7v7	\$200
U16 Boys	Sun. April 18 th	7pm-4pm	7v7	\$200
U11 Girls	Sun. April 18 th	7am-4pm	8v8	\$200
U12 Girls	Sun. April 18 th	7am-4pm	8v8	\$200
U13 Girls	Sat. April 17 th	7am-4pm	7v7	\$200
U14 Girls	Sat. April 17 th	7am-4pm	7v7	\$200
U15 Girls	Sun. April 18 th	7pm-4pm	7v7	\$200
U16 Girls	Sun. April 18 th	7pm-4pm	7v7	\$200
Men's	Sat. April 17 th	2pm-12am	7v7	\$1000
Cash Out				

(Please See Separate Cash Out Information Under the Tournament Section of Website)

Registration: Deadline is due when tournament divisions are full. Divisions are set up on a first **paid basis**. Teams will be contacted regarding schedules the week of the tournament.

Applications received after a division is full will be placed on a waiting list. Due to difficulty arranging tournament schedules, refunds will **only** be given when we are notified **in writing** of a cancellation at least 7 days prior to the day of the tournament. All Canadian teams **must** bring permission to travel form.

Format: Round-Robin 3 game guarantee. Games are 20-25 minutes in length. Semifinals and finals are 25-30 minutes.

Rosters: Because all teams will be playing on the larger fields, roster sizes will be an 18 player maximum. **ALL** rosters are due prior to your **first game**.

**Only Turf shoes or flats are allowed!!
NO CLEATS!!**

(Application is on next page...please scroll down)

Syracuse Indoor Sports Center Tournament Application

Team Name _____

Manager/Coach _____ Email _____

Division _____ A. Boys B. Girls
(Circle One)

Circle Session:

A. Columbus Fall Kick-Off B. Thanksgiving C. Christmas D. Adidas Premier

E. College Showcase F. St. Valentine's Day G. April Fools Festival

Phone (H) _____ (C) _____

Address _____ City _____ Zip _____

As manager/coach, I understand I'm responsible for the team's payments (balance/full payment) before the first game of the tournament. If the team is dropped from the tournament with less than 7 days before the tournament begins, I'm responsible for all the team's fee. NOTE: Must be at least 18 to sign this form.

X _____
Signature Date

Please send application with deposit or full payment to:
SYRACUSE INDOOR SPORTS CENTER
4989 HOPKINS RD., LIVERPOOL, NY 13088
Questions? Call us at 451-1800!!
www.siscinfo.com

If paying by credit card, you can fill out the information below.

Cardholder's Name: _____

Visa/ Mastercard/ American Express card number (circle one) Expiration Date

Signature: _____ Date: _____