



TEAM REGISTRATION FORM

APRIL 17-18, 2010

TEAM NAME				
CLUB NAME				
AGE GROUP & GENDER	<input type="radio"/> U09	<input type="radio"/> U10	<input type="radio"/> U11	<input type="radio"/> U12
	<input type="radio"/> BOYS	<input type="radio"/> GIRLS		

COACH OR MANAGER SIGNATURE

By signing this document I certify that the information contained on this Team Registration Form is true and accurate and I have verified that all players are rostered in the appropriate age group. I have read and understand all rules for the tournament and agree to abide by them. I will ensure that my team and its coaching staff acts within both the letter and spirit of any and all applicable regulations of Centennial Soccer Club, MYSA and USYSA. We will honor the game through our sportsmanship and be model representatives of our team and club.

COACH CONTACT INFORMATION

NAME	
ADDRESS	
CITY-ST-ZIP	
HOME TEL:	
CELL PHONE:	
EMAIL:	

MANAGER CONTACT INFORMATION

RULES & PROCEDURAL HIGHLIGHTS

FORMAT of play is 3 v 3 with a maximum roster of six players per team allowed.

All teams play 4 matches on Saturday and 4 matches on Sunday, with attempts to schedule in a 2-hour block..

Substitution is on the fly.

All ages use a futsal ball.

Players must wear shin guards and flats or turf shoes. **No cleats.**

Each match is 12 minutes with a rolling clock.

Start of play is with a drop ball from the center.

Side boundaries are padded, low bumpers. Ends are hockey-style boards.

Balls out of bounds are rolled in from the side. No goal kicks or corner kicks.

No offsides.

Goals are in the middle of the pitch, back to back, spaced 20 feet apart.

Goals have a 3-foot exclusion zone. No goals may be scored from within exclusion zone.

Scores are kept and posted for U11 & U12 only. U09 and U10 receive participation awards.

Roster form will be submitted at team check-in.

INSTRUCTIONS FOR SUBMISSION OF REGISTRATION FORM

You can fill out this form electronically by typing directly in the boxes provided above using Adobe Acrobat. Please fill out this form completely. All contact information for coaches and managers **MUST** be provided. After filling out, please print this form and follow the instructions for mailing listed below.

Submit this completed registration form with check payable to Centennial SC for \$125 to:

Centennial SC, PO Box 475, Circle Pines, MN 55014

For further questions or information contact: challengecup@centennialsoccer.org

or call 651-964-0090

www.centennialsoccer.org