

FPYC Liberty Cup Invitational

27-28 March 2010

Website: www.fpycsoccer.org. Email: travel.tournament@fpycsoccer.org.

Applications and Application Fees are due by 8:00 PM on **26 February (extended)**.

Application Fee: \$525 for U9-U11, \$625 U12-U19

Club: _____ Team Name: _____

Requested Division: _____ (Elite (top), Premier (mid), Champions)

Age Group: U-____ (Spring '09) Boys ____ Girls ____ Oldest Player Birthdate: _____

Spring 2010 League and Division: _____ (NCSL, WAGS, ODSL)

Fall 2009 League and Division: _____ (NCSL, WAGS, ODSL)

State Assoc.: _____

Coach's Name: _____ Home Phone: (____) _____.

Email: _____ Cell / Work: (____) _____.

Does Head Coach have another team in this tournament? Yes ____ No ____

2nd Team Name: _____ Tournament Age Group: U-____ (B/G)

(FPYC will try to accommodate coaches with two teams, but does not guarantee scheduling relief. Three or more teams cannot be accommodated.)

Team Information:

Jersey Color: _____ Alternate Color: _____

League Record for last three (3) seasons: (win/loss/tie)

	League	Age Group	Division	Record	Rank
Fall 2009:	_____	_____	_____	___/___/___	_____
Spring 2009:	_____	_____	_____	___/___/___	_____
Fall 2008:	_____	_____	_____	___/___/___	_____

Tournament records for last three (3) tournaments: (win/loss/tie)

Tournament: _____ Date: _____ Div: _____ Record: ___/___/___

Tournament: _____ Date: _____ Div: _____ Record: ___/___/___

Tournament: _____ Date: _____ Div: _____ Record: ___/___/___

State Cup / Regional Record: (Be specific, attach additional sheet if necessary.) Circle season.

Fall 09 or Spring 09: _____

Fall 08 or Spring 08: _____

Primary team point-of-contact to receive all Liberty Cup correspondence:

Contact Name: _____ *Email Address: _____

Alternate Email: _____

(Email address is required, and is the primary mode of communication.)

Mailing Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ (Cell number required for tournament weekend)

Agreement: I understand the full entry fee will be returned if our team is not accepted. I further acknowledge that our entry fee will not be returned if our team is accepted and withdraws after 26 February 2010.

Application does not guarantee acceptance. FPYC will deposit all entry checks and will refund the application fee to any teams that are not accepted.

Signature: _____ Date: _____

Name: _____

Ensure application and registration fee arrive by [26 February \(extended\)](#).

Send application form and fee (check payable to FPYC) to: David Shade, Attn: Liberty Cup Invitational, 4843 Powell Rd, Fairfax, VA 22032. Application forms may also be emailed to travel.tournament@fpysoccer.org, or faxed to 1-888-883-0674.

Tournament email is travel.tournament@fpysoccer.org, and website is www.fpycsoccer.org.

For Tournament Use Only:

App. Rcvd: _____ Fee Rcvd: _____ App. Confirmed: _____

Notes / Changes: