

FPYC Patriot Cup Tournament

5-6 September 2009

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

Applications and Application Fees are due by 8:00 PM 1 August 2009.

Application Fee: \$490 for U9-U10, \$525 for U11-U12

\$75 discount for 2009 Liberty Cup Invitational participants

Club: _____ Team Name: _____

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

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

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

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

State Assoc.: _____

Played in the 2009 Liberty Cup Invitational: Yes _____ No _____

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
Spring 2009:	_____	_____	_____	____/____/____	____/____/____
Fall 2008:	_____	_____	_____	____/____/____	____/____/____
Spring 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 08 or Spring 09: _____

Fall 07 or Spring 08: _____

Primary team point-of-contact to receive all tournament 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 8 August 2009.

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 form and registration fee arrive by 8:00 PM on 1 August 2009.

Send application form and fee (check payable to FPYC) to:

David Shade, Attn: Liberty Cup Invitational, 9703 Ladbroke Way, Fairfax, VA 22032.

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

For Tournament Use Only:

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

Notes / Changes: