



High Desert Classic 2006

Carson City, NV 89706

- Dates:** June 3rd & 4th
- Location:** Edmonds Sports Complex
Carson City, Nevada
- Age Group:** Boys and Girls U11 - U16
- Registration Fee:** \$400.00 Per Team
- Sanction:** USYSANV sanctions this tournament. Applicable association & High Desert tournament rules will govern play and will be available in the coach's packets of accepted teams.
- Participation:** Tournament registration will be limited to 56 teams
- Format & Awards:** Each team will play a min. of 3 games, with a maximum of 4 games. Trophies and Medals will be awarded for 1st and 2nd place in each age group.
- Guest Players:** Three guest players will be allowed. Roster size is limited to 18.
- Game Length:** U11 & U12 (25) min. halves, U14 & up (30) min. halves
- Mail Application:** Capital Soccer Club
104 Corbett Street
Carson City, NV 89706
- Applications Avail:** Online at www.capsoccer.net
- Entry Deadline:** May 10, 2006. Acceptance letters will mailed on May 18th.
- Late Registration:** Will be accepted only if space is available. An additional \$100.00 late fee will be imposed. Teams on the over flow list that register before May 10, 2006 will be exempt from late fee.
- Reg. must incl.:** Application, Team Roster and Entry fee payable to Capital Soccer Club.
- Questions:** Contact John Chavez "Cell" 775 690 0949 E-mail: john@carsonsoccer.com
or Joe Briggs (days) 775-882-5975 (evening) 775-883-4046
E-mail: ponderosa@pyramid.net

2006 HIGH DESERT CLASSIC Tournament Application

Team Name: _____ Club Name: _____

State Affiliation: _____ League: _____

Mail all information to: _____

Telephone contact number: _____ Fax number: _____

Email Address _____

Alternate contact name and number: _____

Boys _____ Girls _____ U11 _____ U12 _____ U14 _____ U16 _____

2005 League Record

Fall 2005

W _____ L _____ T _____

W _____ L _____ T _____

Age Group _____ Place _____

Age Group _____ Place _____

Tournament Name: _____ # of Teams: _____ W _____ L _____ T _____

Location: _____ Age Group _____

Date _____ Place: _____

Tournament Name: _____ # of Teams: _____ W _____ L _____ T _____

Location: _____ Age Group _____

Date _____ Place: _____

If you played in 2005 State Cup, what was your record?

W _____ T _____ L _____ Place _____

If you played in 2005 Regionals, what was your record?

W _____ T _____ L _____ Place _____

Please provide any additional information that you feel may help us place your team in the appropriate flight.

**Mail Completed Application to: Capital Soccer Club
104 Corbett Street
Carson City, NV 89706**

Completed Application due: May 1, 2006

Must Include: Application, Team Roster, Entry Fee (\$400.00) Payable to Capital Soccer Club

Questions: Call Joe Briggs (days) 775-882-5975 (evening) 775-883-4046

For Tournament Use Only:

Date Received _____ Fee Paid _____ Date Acceptance Sent: _____

Travel Papers Required? Yes _____ No _____ If yes, verified by: _____

2006 HIGH DESERT CLASSIC Preliminary Tournament Roster

**** A final roster including guest player amendments and signed/stamped travel paperwork for out of state teams must be approved at check in on Friday June, 2nd.

Please type or neatly print all information

Team Name: _____

U11 _____ U12 _____ U13 _____ U14 _____ U15 _____ U16 _____ Boys _____ Girls _____

Primary Jersey Color: _____ Secondary Jersey Color: _____

Coach: _____

Coach: _____

Manager: _____

Location: _____

Player Names in Jersey Order# (first name last name)	Jersey#	ID#	Birthday mm-dd-yy
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____

