

North Shore Soccer Club

2006/07 Indoor Tournament

"In Memory Of Peter D. Lynch"

YOU ARE INVITED TO OUR 28TH ANNUAL NSSC INDOOR TOURNAMENT to be held on the dates listed below at the North Shore High School in Glen Head, N.Y.

Each team will play a MINIMUM of (4) FOUR-12minute GAMES plus playoffs or 5 games no playoffs, it depends on Gym availability. In addition, we will provide 1st and 2nd place trophies for players and one coach, as well as MVP and Best Keeper trophies!

The registration fee is \$220 per team. **No LIJSL Select or Premier** teams will be accepted. Fees for teams not accepted will be returned. We will run morning and afternoon sessions. Rosters are to be made up of a maximum of twelve (12) players. Six players, including the goalie, will be on the playing field for each side for all levels except Boys/Girls Under-12, who will play with five (5) including the goalie on each side. Final Rosters can be submitted the day of the tournament. Complete tournament rules and regulations, as well as game schedules; will be mailed out ahead of time to teams accepted so you can conveniently see your game/team schedule. All entries must be submitted (4) four weeks before tournament date or call tournament coordinator before mailing application.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT A TOURNAMENT DIRECTOR LISTED BELOW.

Age Group	Date
Boys U/8 8/1/98-7/31/99	February 11
Girls U/8 8/1/98-7/31/99	February 11
Boys U/9 -8/1/97-7/31/98	February 4
Girls U/9 -8/1/97-7/31/98	February 4
Boys U/10 -8/1/96-7/31/97	January 28
Girls U/10 -8/1/96-7/31/97	January 28
Boys U/11 -8/1/95-7/31/96	January 21
Girls U/11 -8/1/95-7/31/96	January 21

Tournaments directors:

Marciano Cipriano, E-mail Mcipri4364@aol.com
 Frank Galluzo, E-mail nssoccer100@aol.com

(Please Print Clearly)

Club Name _____ Team Name _____

Coach Name _____ Day Phone _____ Evening _____

Coach Address _____ City _____ State _____ Zip _____

Email: _____ Cell _____

Team Age Group U- ___ Boys/Girls (Circle One) Fall 2005 Travel? ___ Requested Level Of Play _____

Birthdate of Oldest Player: ___/___/___

Please Mail Your Check \$220 Payable to:

North Shore Soccer Club

928 Glen Cove Avenue

Glen Head, NY 11545

Visit: www.northshoresoccer.com for rules, medical release and Roster form. Have this information available at the day of the tournament.