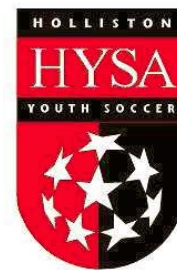




25TH ANNUAL HOLLISTON SOCCER TOURNAMENT LABOR DAY WEEKEND SEPTEMBER 5TH AND 6TH HOLLISTON, MA



Holliston Youth Soccer invites you to apply to participate in one of New England's most prestigious and oldest youth soccer tournaments September 5th and 6th, 2009 involving club and travel teams from Maine, New Hampshire, Rhode Island, Vermont, Massachusetts, Connecticut, New York and New Jersey. Located only 25 miles from Boston in the western suburbs, Holliston, MA has easy access from major interstate highways. Our tournament features some of the best teams from around the Northeast each year competing with a guarantee minimum of three games. Two divisions (Travel and Club) within each age group will be formed when possible.

Youth Soccer Tournament

Boys and Girls

- 6v6: U9-U10
- 8v8: U11-U12
- 11v11: U14

Travel Teams and Club Teams Welcomed!

Registration

Application Fees are

- \$350.00 for 6v6 teams
- \$375.00 for 8v8 teams
- \$395.00 for 11v11 teams

Entry application deadline is August 7, 2009.

Notice of acceptance or non-acceptance will be mailed back on or before August 14th, 2009.

Prior to the tournament weekend you will be required to provide a Medical Release Form for each player registered.

Why Holliston?

- We feature minimum Three Games Guaranteed
- Single Age level divisions
- 25 minute Halves
- All champion and runner-up players receive trophies (U11 and up)
- Participation award given to ALL U9-10 players and coaches
- Tournament Patch/Pin given to each player and coach
- Experienced linesman and referees

Who Can Enter

This tournament is open to USYSA and FIFA affiliated Town, Club, Tournament and Open teams. All players must be listed on a MYSA or State Association roster. Teams may have up to 3 guest players. Roster size is limited to 18 players for 11v11, 16 players for 8v8 and 14 players for 6v6. No double rostering of any player is allowed.

Game lengths are listed below in minutes per half. Teams will be accepted in the following age groups:

Age Group Classifications	Games (min/half)	Finals (min/half)
Boys or Girls U-10 (Born on or after 8/1/99)	25	30
Boys or Girls U-11 (Born on or after 8/1/98)	25	30
Boys or Girls U-12 (Born on or after 8/1/97)	25	30
Boys or Girls U-14 (Born on or after 8/1/95)	25	35

Contact Us at holliston2009tournament@gmail.com

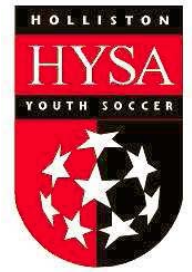
- Tournament Director: Adam Scaramella
- Registrar: Chris Guccione

Send completed registration form & check to:

Holliston Soccer Tournament
c/o Tournament Registrar
P.O. Box 6003
Holliston, MA 01746



Holliston Tournament 2009 Entry Application Form



Fee Schedule: U9-10 (6v6)= \$350.00 U.S
U11-U12 (8v8)= \$375.00
U13,U14 (11v11)=\$395.00 U.S.

Note: The application fee is non-refundable after you are accepted into the tournament.

Registering Your Name: _____
Your Email Address: _____
Club You Represent: _____

Coach Name: _____
Mailing Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Telephone- Home: _____ Work: _____
Email Address: _____

Team Manager Name: _____
Mailing Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Telephone- Home: _____ Work: _____
Email Address: _____

Team Info Team Name: _____
Age Category: () Boys () Girls
() U-9 () U-10 () U-11 () U-12 () U-14 ()
Team Colors- Team Jersey _____ Alt Jersey _____ Shorts _____
League Name: _____ Div or Level _____
Spring Team League Record: Wins _____ Losses _____ Ties _____
Recent Tournament Results: _____

Has Team attended Holliston Tournament before? () No () Yes If yes, year: _____

How did you hear about the Holliston Tournament?: _____

*Application Form is completed for EACH team applying.
Attach Preliminary Team Roster.
Entry Fee Check or Money Order is enclosed payable to "Holliston Youth Soccer Association"
Mail with your payment to: HYSA Attn: Holliston Tournament, P.O. Box 6003, Holliston, MA 01746
Envelopes must be postmarked on or before August 7, 2009.
Note: Payment MUST accompany entry/application for it to be accepted.*