

TOURNAMENT INFORMATION AND APPLICATION

TO COACH/TEAM MANAGER

The Carolina Elite Soccer Academy welcomes you and your team to apply for participation in the RBC Soccer Classic. We offer classic and travel teams ages U11 - U19 Girls and U11 - U18 Boys competitive soccer opportunities the weekend of September 25-26, 2004. Each team selected is guaranteed three matches, with all championship games played on Sunday, September 26, 2004. Any age group with 5 teams will play round robin format. This is a SCYSA and USYSA sanctioned tournament.

ENTRY FEE AND DEADLINE

Entry fee is \$450.00. Please submit your completed application, a typed copy of your team roster for publication in our program and your check to be received **no later than AUGUST 20, 2004**. Checks should be made payable to Carolina Elite Soccer Academy (please indicate team name and age group on check). Once your team has been accepted, the entry fee is non-refundable. In the event your team is not accepted, your entry fee will be refunded in full. Accepted teams will be posted on our web site www.stgilessoccer.com by September 7, 2004. All tournament forms and instructions are available on the web site. We encourage you to apply early; however that does not guarantee acceptance.

TEAM REQUIREMENTS

- *All-Star teams will not be considered.*
- *Players may only be registered on one team.*
- *Teams are limited to a maximum of 18 players.*
- ***Guest players are not allowed.***
- *Housing accommodations **must** be made through our housing specialists, Carlson Wagonlit Travel.*

REGISTRATION

Registration will be held on Friday, September 24, 2004, at Tournament Headquarters from 6:00 pm until 10:00 pm. Headquarters are located at the Hyatt Regency, Greenville, 220 North Main Street, Greenville, SC 29601.

GENERAL INFORMATION

General tournament information can be obtained by calling Lori White (864) 609-5010, Fax (864) 329-1103, email lori.white@charter.net or Carol Leonard (864) 268-3147, Fax (864) 268-3147 (call first) email carolleonard@charter.net and by accessing our Web Site at www.stgilessoccer.com. All information may be faxed to Lori or Carol.

AGE DIVISIONS

- U19 August 1, 1985 and younger (girls only)
- U18 August 1, 1986 and younger
- U17 August 1, 1987 and younger
- U16 August 1, 1988 and younger
- U15 August 1, 1989 and younger
- U14 August 1, 1990 and younger
- U13 August 1, 1991 and younger
- U12 August 1, 1992 and younger
- U11 August 1, 1993 and younger

**Note: The tournament director reserves the right to combine age divisions if a smaller number of applicants are received for a particular age group.*

COLLEGES

Here is a list of Colleges that attended last years Tournament. We will be inviting all of the area Colleges, as well as the Colleges/Universities in the nearby states, to attend this years RBC Soccer Classic.

Anderson College
Furman University
Converse College
USC Spartanburg
Presbyterian College

University of Georgia
Erskine College
Winthrop College
USC Columbia
Spartanburg Methodist

Wofford College
Southern Wesleyan College
Lander University
Newberry College
Wingate College

REFEREES

In order to insure an adequate number of qualified referees, we ask each team to let us know if you have anyone traveling with your team that would be available to referee.

COACHES MEETING

The coaches meeting will be held on Friday September 24, 2004 at 8:30 pm at the Tournament Headquarters. **ALL TEAMS MUST HAVE A REPRESENTATIVE PRESENT.**

AWARDS

Individual and team trophies will be awarded to the championship and runner-up teams in each age division.

HOTEL ACCOMMODATIONS

Carlson Wagonlit Travel is the housing specialist for the RBC Soccer Classic and can be reached at (864) 288-7077. You will be pleased with the hotel/travel accommodations they have arranged for our tournament. Field locations will be available upon acceptance.

To maximize hotel commitments we require all RBC Classic Teams to utilize this valuable service.

DOCUMENTS REQUIRED AT REGISTRATION

- *Two copies of your state certified roster.*
- *Current USYSA validated player passes for each player. (Birth Certificates will not be accepted).*
- *Our Release of all Claims and Statement of Responsibility/Medical Release Form.*
- *Permission To Travel Form for out of state teams.*

We make every effort to include all participating team rosters in the tournament program. Be sure to return a typed copy of your roster with your application, fax it to Carol Leonard (864) 268-3147 (call first) or email to carolleonard@charter.net. If rosters are not included with your application, they must be in our hands by September 9 in order to be printed in the program. Please include the following information: team name, age group, players, coaches, assistant coaches, team managers names and city and state team is located in.

TO ALL TEAMS
NOTE OF IMPORTANCE:
 If coach has more than one team applying to tournament indicate 2nd team below, otherwise scheduling preference cannot be considered:
 Team: _____
 Age: U-_____ B or G



Tournament Use Only:
 Date Received: _____
 Check No.: _____
 Paid: _____
 Accepted/Rejected: _____

September 25 & 26, 2004

TOURNAMENT APPLICATION

****Please attach typed copy of team roster for publication in program.****

TEAM HISTORY

(*Very Important: Must be completed for selection and seeding purposes. New Teams please provide player accomplishments to assist in evaluation.*)

Team Name: _____ Age Division _____ Male Female
 *Team Contact/Manager _____ Phone (H) _____ (W) _____
(PLEASE INCLUDE AREA CODE)
 Address _____ City, State, Zip _____
 Fax # _____ E-mail _____
 Coach _____ Phone (H) _____ (W) _____
 Team Colors: Jersey _____ Alternate Jersey: _____
 City & State Team is located: _____

Unless otherwise requested, future mailings will be made to team contact/manager.

Record of previous three tournaments played / applied to, 2003-2004 season:

- 1. Tournament: _____ Division: A B Record: _____
- 2. Tournament: _____ Division: A B Record: _____
- 3. Tournament: _____ Division: A B Record: _____

2003/2004 Regular Season & State Cup Results: _____

Additional Information: _____

Level Desired: A (most competitive) _____ B (competitive) _____

By submitting this signed application for the RBC Soccer Classic 2004, I agree that upon acceptance, our team will comply with the team requirements as stated on the application.

 Team Manager and/or Coach

APPLICATION DEADLINE IS MONDAY, AUGUST 20, 2004
 Tournament fee of \$450.00 and program roster must accompany signed application.
CHECKS SHOULD BE MADE PAYABLE TO: CAROLINA ELITE SOCCER ACADEMY
 (Please indicate team name & age group on check)
MAIL TO:
 Lori White 309 Rosebud Lane, Greer, SC 29650