



**17th Annual
Oklahoma Cup Invitational Tournament
October 9-11, 2009**

Application Deadline - September 15, 2009

Check One: Competitive: Girls Boys Academy: (8v8) U9G U10G U9B U10B

Check One: U11 (8v8) U12 U13 U14 U15 U16 U17 U18 U19

Team Name _____

Jersey Color _____ Alternate Color _____

Club _____ State Assoc. _____ National Assoc. _____

Coach (send correspondence to – check one) Manager

Name (required) _____ | Name _____

Address _____ | Address _____

City, State & Zip _____ | City, State & Zip _____

Phone (H) _____ (C or W) _____ | Phone (H) _____ (C or W) _____

E-mail: _____ | E-mail: _____

(Required) _____ (Required)

Seeding Information

League Name _____ Spring 2008 League Record (U11 Give Fall Record So Far)

Final Standing in League _____ Won _____ /Lost _____ / Tied _____

Last Three Tournaments	City/State	Date	Record	Final Standing
_____	_____	_____	W__ L__ T__	_____
_____	_____	_____	W__ L__ T__	_____
_____	_____	_____	W__ L__ T__	_____

Teams in regular league that you would rather not play in tournament (no guarantees) _____

In order to avoid scheduling conflicts, coaches must have assistant coaches available. List other coach's teams participating in tournament (no guarantees of no conflicts) _____

This is a competitive tournament. Teams will be selected based on, but not limited to, the following criteria: **League Record * Tournament Record * Geographic Balance * Application Date**

Note: Only those applications meeting all of the listed requirements below will be considered. Incomplete applications will be returned. Applications received after the deadline will be put on a waiting list. The tournament committee reserves the right to accept or deny any team's application for any reason.

****Teams must be available to play any time, any day during the tournament – no exceptions (out of town teams traveling more than one hour will not be scheduled on Friday evening).**

Checklist to be received on or before deadline of 9/15/09:

- Completed application
- Official signed and stamped Fall 2009 team roster
- Cashier's check or money order payable to "FCSA" in the amount of \$350.00 for U9/U10 Academy, \$375.00 for U11 or \$425.00 for U12 and older
- Authorized travel papers (for out of state teams)

Mail all above items together to this address:

**Frontier Country Soccer Association
Oklahoma Cup Invitational
1235 Sovereign Row, Suite C11
Oklahoma City, OK 73108**

**Office: (405) 946-2228
Website: www.okfcsoccer.com
E-mail: administrator@okfcsoccer.com**

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Checklist for Team Check-in:

- Show: notarized medical release forms for each player and guest players
- Show: player passes for team and guest players
- Submit: guest player paperwork – 5 copies (NO GUEST PLAYERS FOR ACADEMY DIV)
- Submit: 5 copies of official signed and stamped Fall 2009 team roster

Official Use Only

Date Received _____ Application
 Cashier's Check # _____ Roster
 Check Amount _____ Travel Permit

<i>Status of Application</i>	
<input type="checkbox"/> <i>Accepted</i>	<input type="checkbox"/> <i>Rejected</i>
	<i>Refund Check #:</i>
	<i>Date Mailed:</i>