

CGSA SAVANNAH SENIOR CUP

2002 2002 2002 2002 2002

Welcome!

Coastal Georgia Soccer Association would like to welcome back those select (or otherwise known as travel) teams that are returning and those who choose us as a new tournament to beautiful Historic Savannah, Georgia on the weekend of **December 7th & 8th, 2002**. We look forward to hosting you in a city of beauty in an environment of good sportsmanship while enjoying friendly competition.

Where

Savannah, Georgia on the Chatham County Soccer Complex (CCSC) and Daffin park.
In order to provide the best possible playing facilities for this tournament, we are limiting the number of teams.

Age Groups

Girls U15-19
Boys U15-19

The tournament reserves the right to combine age groups if a smaller number of applicants are received for a particular age group.

Registration

6-9pm Friday, Dec. 6th, 2002 at the tournament host hotel, **Hampton Inn, 201 Stephenson Ave. (912) 355-4100**.

Competition

The tournament is open to USYSA state registered select (or travel) teams. Accurate team history is required, as acceptance to the tournament will be based on that information. Team history is vital to provide parity in bracketing divisions. Teams may roster up to eighteen (18) players including three (3) guest players. The tournament will follow USYSA Rules regarding travel, officials and play. Teams accepted will provide, at/or prior to registration:

- ⚽ **Permission to travel forms**
- ⚽ **One(1) copy of the medical and liability release form provided in the acceptance package or your own state notarized release**
- ⚽ **Current laminated USYSA validated, signed (and with pictures) player passes**
- ⚽ **Two (2) copies of your USYSA state roster**

Local residence card and four (4) completed game cards included in acceptance package. Please do your part and have all requested documents, as this will expedite the registration process. Each participating team will play a minimum of 3 games.

Fees and Deadline

\$375.00 entry fee per team MUST accompany application. Depositing of your registration fee for the tournament does not constitute acceptance. The tournament fee is non-refundable after team selections.

Checks should be made payable to:

CGSA Savannah Senior Cup. The deadline for submitting applications is Nov. 8th, 2002.

Acceptance packages will be mailed the week of November 25th, 2002. Any team not accepted to the tournament will receive a full refund. Refunds will not be given for games canceled or revised due to inclement weather.



Coaches Meeting

There will be a mandatory coach's meeting at **Friday, December 6th, 8pm at the host hotel.**

Awards

There will be individual player awards for champion and finalist teams in each division, as well as a team trophy to be presented to the coaches following championship matches. Exchange of club or team patches is encouraged.



Hotel Information

For information on hotel accommodations please call the CGSA office at: (912) 691-2472.

Referees

USSF Certified three (3) person crew will be used. Anyone interested in refereeing the tournament should contact:

Referee Coordinator, Frank Gill in the evenings at (912) 233-2952 or during the day at 912.652.5269.



T-Shirts

Pre-order forms for tournament T-Shirts will be included in the acceptance package.

Pre-orders will sell for \$12 for short sleeved and \$18 for long sleeved shirts.



General Information

Entry fee \$375 and the deadline for entry is Friday, Nov. 8th, 2002.

Tournament rules, maps, T-Shirt pre-order forms, medical/liability releases, local residence cards and game cards will be included in the acceptance package due to be mailed the week of November 18, 2002. When available brackets/schedules will be posted to our website (www.cgsasoccer.org). Check our web site often for schedule updates/revisions. Schedules will not be mailed. Action photos will be offered for sale during the tournament. All championship matches will be played on Sunday, December 8th, 2002.



How to Contact the Tournament

Dek Smith, Tournament Director (912) 691-2472 (CGSA Office) • (912) 844-0203 (Cell)

Peter Larvan (912) 355-3090 • (912) 656-1194 (Work Cell)



Tournament Office and Coordination

#16 Medical Arts Center, Savannah, GA 31405

Phone (912) 691-2472

Fax (912) 691-1632

Email tournament@cgsasoccer.org

Website www.cgsasoccer.org



St. Joseph's/Candler CGSA Savannah Senior Cup 2002

December 7th & 8th, 2002

Tournament Application

Entry deadline: Friday, November 8, 2002 (Max. 60 Teams)

Team Name: _____

Gender Team: Girl Boy Age: U15 U16 U17 U18 U19

Your Team's State Playing Level: _____ (i.e., Premier, Classic, Athena)

Coach: _____

Phone day: _____

Address: _____

Phone evening: _____

City: _____

State: ____ Zip: _____

Fax: _____

Email: _____

Manager: _____

Phone day: _____

Address: _____

Phone evening: _____

City: _____

State: ____ Zip: _____

Fax: _____

Email: _____

Send future Mailings to (Choose one) Coach Manager

To provide parity in divisions, please complete the following:

Team History Previous Spring: _____

Team History Previous Fall: _____

Team Tournament History: _____

How long has this team played together? _____

Other Information: _____

Return this form with your entry fee of **\$375 by Friday, November 8, 2002** to:

St. Joseph's/Candler CGSA Savannah Senior Cup 2002
#16 Medical Arts Center • Savannah, GA 31405

Dek Smith, Tournament Director

CGSA Office (912) 691-2472 • Fax (912) 691-1632 • Cell (912) 844-0203

Email tournament@cgsasoccer.org • Website www.cgsasoccer.org

St. Joseph's/Candler CGSA Savannah Senior Cup 2002

T-Shirt Pre-Order Form

Team Name: _____ Age/Gender: _____

Name of Contact Person for T-Shirts: _____

Address of T-Shirt Contact: _____

Day Phone # of Contact: _____

<u>Size Offered</u>	<u># Short Sleeve</u>	<u># Long Sleeve</u>
Youth Large	_____	Not offered
Adult Small	Not offered	_____
<i>(Note: the only difference in Youth Large and Adult Small is Length)</i>		
Adult Medium	_____	_____
Adult Large	_____	_____
Adult Extra Large	_____	_____

Total # of Short X \$12: _____

Total # of Long x \$14: _____

Total Due Short & Long: _____

Please enclose a check for the total amount of shirts pre-ordered with form.

Makes checks payable to: St. Joseph's/Candler CGSA Savannah Senior Cup 2002

Shirts at the tournament will be \$15 and \$18, short sleeved and long sleeved, respectively.

All T-Shirt pre-orders must be postmarked no later than **Friday, November 22.**

Mail order to:

St. Joseph's/Candler CGSA Savannah Senior Cup 2002

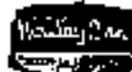
#16 Medical Arts Center
Savannah, Georgia 31405

Pre-orders must be picked up at tournament registration on Friday night.

If a size is not available please check one: Fill with next larger size Fill with next smaller size Do not fill



US Youth Soccer



Crooket Georgia Fall Soccer Cup 2002

Please Print or Print Clearly. Do Not Staple

Application to Host a Tournament or Games

Please Print or Print Clearly. Do Not Staple

Name of Tournament or Games: Crooket Ga Fall Soccer Cup 2002

Hosting Organization: Crooket Georgia Soccer Assn.

President or Chief Officer of Hosting Organization: Andy Kaplan Telephone: 912.658.1008

Address: #16 Medical Park Circle, Marietta, Ga

City: Marietta State: Ga Zip: 30067 Telephone: 912.658.1008 FAX: 912.658.1163

State Association or Affiliate: GUSA

Location of Tournament or Games: Marietta, Ga TEAM ENTRY DEADLINE: November 1, 2002

Start of Tournament or Games: December 15, 2002 Planned # of Teams: 100

Tournament or Games Director or Contact Person: Dev Smith Telephone: 912.658.2492

Address: #16 Medical Park Circle, Marietta, Ga

City: Marietta State: Ga Zip: 30067 Telephone: 912.658.2492 FAX: 912.658.1163

Age Group Accepted	Type(s) of Team Accepted	B	G	Recall Size	# Goal Players Allowed	Length of Game	Ball Size	Awards	Min # of Games	Entry Fee	Bond
U-5 8/1/87	F&H	✓	✓	18	3	35x2	5	YES	3	375	no
U-10 8/1/86	F&H	✓	✓	18	3	35x2	5	YES	3	375	no
U-17 8/1/85	F&H	✓	✓	18	3	35x2	5	YES	3	375	no
U-18 8/1/84	F&H	✓	✓	18	3	35x2	5	YES	3	375	no
U-19 8/1/83	F&H	✓	✓	18	3	35x2	5	YES	3	375	no
U- 8/1/											
U- 8/1/											
U- 8/1/											
U- 8/1/											
U- 8/1/											

List of types of teams is on reverse side of this form. Teams will be invited from: Foreign Teams (list below), State Associations/Affiliates (list below), Other US Soccer Member Organizations (list below). Foreign Teams/State Associations/Affiliates/Other US Soccer Member: All other US Soccer Member Organizations

Signature of President or Chief Officer of Hosting Organization: [Signature] Date: 4/6/02

APPROVAL (For Official Use Only) STATE ASSOCIATION OR AFFILIATE: GUSA Date: 8 MAY 02

By: [Signature] Title: TOURNAMENT SPECIAL GAMES

#1478 4/29/02 \$350.00 [Signature]

CGSA 2002-03 TOURNAMENTS

Savannah, Georgia

CSTT Sports Management International has reserved hotel accommodations for teams participating in the following tournaments:

- ◆ Coastal Georgia Fall Senior Cup.....December 7-8, 2002
- ◆ Bank of America CGSA Savannah Cup.....February 1-2, 2003

**Call One Toll-Free
Number for all your
accommodation and
travel arrangements!
1-866-861-8326**



**Tournament
Contact:**

**Dek Smith
912-691-2472**

FREE Accommodation Service!

- Rooms for the above tournaments have been reserved at the lowest possible rate...guaranteed!
- Rooms are limited and booked on a first come - first served basis, so book early.

**Team Managers: Call Brad Toll Free @
1-866-861-TEAM (8326)
or e-mail: brad@sport-travel.com**



CSTT SPORTS MANAGEMENT INTERNATIONAL
...a proud sponsor of CGSA Tournaments!



www.sport-travel.com