

U8-U18

U8-U17

# King 6V6 Classic



Monday, January 16<sup>th</sup>

\$250 All Teams

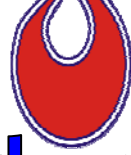
## Monday, January 16th-

BU9&10, BU11&12, BU13&14      8 AM - 4 PM  
 GU8/9, GU10&11, GU12&13, GU14&15      11 AM - 7 PM  
 BU15&16, BU17&18      3 PM - 10 PM

*(Single year age divisions may be offered pending the number of teams registered.)*

2012

# Presidential 6V6 Showdown



Monday, February 20<sup>th</sup>

\$250 All Teams

## Monday, February 20th-

GU9&10, GU11&12, GU13&14      8 AM - 3 PM  
 BU8&9, BU10&11, BU12&13      10 AM - 6 PM  
 BU14&15, BU16&17      3 PM - 10 PM

*(Single year age divisions may be offered pending the number of teams registered.)*

**Format:** Each team is guaranteed three 24-minute games. Tournament format will be determined by the amount of teams entered.

**Rules:** Goalie plus 5 field players. Rosters are limited to 14 players. Complete rules will be provided to all teams that register.

**Age Divisions:** Age groups are based on player's age as of 7/31/11.

**Cost:** This price includes referee fees. Make checks payable to CISC.

**Awards:** Awards will be given to each age group winner and medallions will be given to second place.

**Facilities:** The Carroll Indoor Sports Center is a ten year old facility constructed for the sole purpose of indoor soccer. There are three large turf fields (155X108, 135X62 & 180X90) completely enclosed by netting and eight foot dasher boards or glass. A snack bar and convenient parking help make CISC one of the best indoor facilities on the East coast.

**Questions:** Call Carroll Indoor Sports Center at 410-857-5098 or 410-840-9361. [www.carroll-indoor.com](http://www.carroll-indoor.com)

## 2012 Tournament Registration



Check tournament(s):  
 **King Classic**  
 Presidential Showdown



Team Name	Age Group	Sex
Contact Person's Name		
Address		
City	State	Zip
Phone (H)	Phone (W)	Email Address
<b>Form of Payment:</b> Check <input type="checkbox"/> MC/Visa <input type="checkbox"/> Discover <input type="checkbox"/> Am. Express <input type="checkbox"/>		
Name on Credit Card	Credit Card Number	V-Code (last 3 digits on back) Exp.                      Amount

Mail completed application and minimum \$50.00 deposit for each tournament. to: CISC, 515 Old Westminster Pike, Westminster, MD 21157

<b>For office use only:</b> Date: _____    Payment Amount: _____    Type of Payment: _____    Initial: _____
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