



# GOSHEN SOCCER CLUB

P. O. BOX 652  
GOSHEN, NEW YORK 10924

(845) 774-3291



## RECREATION SOCCER INDOOR TOURNAMENT WINTER BLAST

When: February 21<sup>st</sup> or 22<sup>nd</sup>, 2009  
 Where: Goshen High School Gymnasium  
 Who: Any Goshen Recreation Soccer Player – 2008 Season  
 Cost: \$20 per player  
 Roster Size: Min. 8 players / Max. 12 players per team  
 Division Size: Min. 4 teams; Max. 7 teams  
 Format: 5 field players + goalie; minimum of 4 games, 15-20 mins. per game  
 Trophies: Awarded to 1<sup>st</sup> & 2<sup>nd</sup> place teams in each division

A coach, assistant coach or parent may take a team to the Winter Blast Tournament. The Soccer Club can provide a coach for your team if needed - please indicate below.

Register as a team. You may wear your Rec soccer jerseys (if same country) or pinnies will be provided. Use the registration form below and mail with check(s) payable to "Goshen Soccer Club", c/o Joe Birdsall, 59 Neelytown Rd., Campbell Hall, NY 10916. Individuals may also register if there are no players from your Rec team interested.

### REGISTRATION DEADLINE IS NOVEMBER 15, 2008.

You will be notified in January of the date & time slot your team is playing. Rules of play will be provided to each coach prior to tournament. See our website [www.goshensoccerclub.org](http://www.goshensoccerclub.org) for more information. Questions? Please email the tournament director at [jbirdsall1@hvc.rr.com](mailto:jbirdsall1@hvc.rr.com).



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Age Group (please circle one): K-1    2-3    4-5    6-8

Team Name (country or other): \_\_\_\_\_

Player Names (please print clearly):

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Contact Name: \_\_\_\_\_ Will you coach?    Yes    No  
 Contact Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_