

PEI Indoor Soccer League

SoccerStop Tournament

~Senior Women's Tournament~

~Dates: March 26, 27 and 28, 2010~

~First Division~

~Second Division~

~Max. 10 teams/division(5 teams/pool)~

~Minimum 3 games/team~

~Games are 50 minutes(no half-time)~

~7 a side round-robin(includes goalkeeper)~

~Half-field(33yd x 57yd) for round-robin~

~9 a side cross-overs and championship(includes goalkeeper)~

~Full-field(70yd x 57 yd) for cross-overs~

Prizes: 1st Place - **\$600.00**/division

2nd Place - **\$300.00**/division

Registration Fee: \$400.00 per team

Registration Deadline: **March 19th, 2010**

Teams accepted on a **first come-first served basis**.
Acceptance based on all fees paid and all forms completed.

To Register:

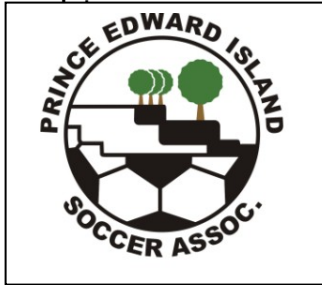
Mail completed registration forms and fees to:

PEI Soccer Association
c/o SoccerStop Tournament
PO Box 1863
Charlottetown, PEI.
C1A 7N5

For Further Information:

E-mail Gordon Wilson at:
gordonxwilson@gmail.com

Site : PEI Soccer Association Indoor Complex
Stratford, PEI.



PEIISL SOCCERSTOP WOMEN'S Soccer Tournament

Team Registration Form



Team Name _____	Club Name _____
Coach Name _____	Phone No. _____ Cell _____
Contact Name _____	Phone No. _____ Cell _____
Address _____	Fax _____
Email _____	

Team Information:	First Division _____	Second Division _____ (check one)
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Entry Fee \$400.00

Registration will be accepted up to **March 19, 2010** on a first-come first-served basis. Please make sure your registration form and cheques are in early to guarantee your spot.

Please make cheque or money order payable to PEIISL SoccerStop Tournament and send to:

PEI Soccer Association
c/o PEI Indoor Soccer League – SoccerStop Tournament
PO Box 1863,
Charlottetown, PEI
C1A 7N5

- All teams will be contacted to confirm entry when their registration is received.
- Registration is limited in both divisions, entries will be granted on a fee-paid basis.
- Complete team lists will be required at the time of Registration.



Prince Edward Island Soccer Association
 PO Box 1863, Charlottetown, PE, C1A 7N5

TEAM ROSTER FORM

This is the team roster of: _____

	Player Name (Print)	#	Birthdate	Player Name (Print)	#	Birthdate
1					8	
2					9	
3					10	
4					11	
5					12	
6					13	
7					14	

Coach: _____ Manager: _____

For office use:

Date Roster Received: _____ Approved Not-Approved

Travel Permit Received: _____

Registration Fee Received: chq# _____ cash: _____

Signed: _____

Secretary/Registrar or Designate