



Mandeville Soccer Club  
17<sup>th</sup> Annual "Midnight Madness"

## **Halloween Invitational Tournament**

U-10-19 Boy's and Girl's- Rec. & Competitive 2/3  
October 20, 21, 22, 23, 2011

Team Coaches and Managers:

On behalf of the Mandeville Soccer Club, your team is invited to participate in the 17<sup>th</sup> Annual Halloween Invitational Soccer Tournament. The tournament date is set for October 20-23, 2011 at Pelican Park in Mandeville, Louisiana.

Your application **must** be received by October 1st, 2011. All applications will be date stamped on arrival, and acceptance to the tournament will be on a first come, first served basis. Receipt of an application by the deadline is not a guarantee of acceptance.

In keeping with the Halloween spirit, we will have a contest for the "**BEST PAINTED FACES**", a "Team Event" for Saturday's game. Prizes will be awarded to the Boy's team and Girl's team with the best-painted faces.

FEES ARE \$385.00 FOR U-10's, U-11's and U-12's (will play 8v8), and \$425 for U-13's THROUGH U-19'S. YOUR APPLICATION MUST INCLUDE YOUR CHECK MADE PAYABLE TO MANDEVILLE SOCCER CLUB AND A USYSA APPROVED ROSTER. FAXED APPLICATIONS WILL NOT BE ACCEPTED. AT CHECK-IN YOU MUST PRESENT YOUR CURRENT **USYSA APPROVED ROSTER, STATE APPROVED MEDICAL CONSENT FORMS AND LAMINATED USYSA PLAYER PASSES** (U-11 THROUGH U-19). PLEASE CHECK IN NO LATER THAN ONE HOUR PRIOR TO YOUR FIRST GAME.

### **MANDEVILLE SOCCER CLUB**

**790 Florida Street  
Suite 2A  
Mandeville, LA 70448**

**OFFICE: (985) 624-8080**

**EMAIL: [msclub@bellsouth.net](mailto:msclub@bellsouth.net)**

**Visit Our Web Site:  
[www.msosoccer.org](http://www.msosoccer.org)**



**MANDEVILLE SOCCER CLUB 17<sup>TH</sup> ANNUAL "MIDNIGHT MADNESS"  
HALLOWEEN INVITATIONAL TOURNAMENT**

TEAM NAME: \_\_\_\_\_ AGE: U- \_\_\_\_\_ BOYS \_\_\_ GIRLS \_\_\_  
 REC \_\_\_ DIV I \_\_\_

LEAGUE/ASSOC: \_\_\_\_\_ STATE ASSOC: \_\_\_\_\_

COACHES NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

MANAGERS NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

PRIMARY COLORS: \_\_\_\_\_ / \_\_\_\_\_ ALTERNATE: \_\_\_\_\_ / \_\_\_\_\_

LSA LEAGUE GAME REQUEST: \_\_\_\_\_

**FAILURE TO ANSWER ALL QUESTIONS ACCURATELY WILL RESULT IN THE DISQUALIFICATION OF YOUR TEAM FROM TOURNAMENT CONSIDERATION.**

FALL 2010 RECORD		WINS:	LOSSES:	DRAWS:
SPRING 2011 RECORD		WINS:	LOSSES:	DRAWS:
TOURNAMENT: (LAST 12 MONTHS)		WINS:	LOSSES:	DRAWS: FINISH

*MANDEVILLE, COVINGTON, SLIDELL AND HAMMOND TEAMS SUBJECT TO POSSIBLE THURSDAY NIGHT GAMES. ALL U-14 AND OLDER TEAMS ARE SUBJECT TO "MIDNIGHT MADNESS" GAMES STARTING AFTER 10 PM.*

*MY SIGNATURE BELOW CERTIFIES THAT MY TEAM IS IN GOOD STANDING WITH MY LOCAL ORGANIZATION, AND MY STATE ORGANIZATION. THE TEAM WILL PLAY ALL SCHEDULED GAMES AND WILL FOLLOW ALL TOURNAMENT RULES. I RECOGNIZE APPLICATIONS ARE CONSIDERED ON A FIRST COME, FIRST SERVED BASIS.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL TO:  
**"MIDNIGHT MADNESS TOURNAMENT"**  
**MANDEVILLE SOCCER CLUB**  
**790 FLORIDA STREET, SUITE 2A**  
**MANDEVILLE, LA 70448**

**MSC USE ONLY**

AMOUNT: _____	CHECK NUMBER: _____	DATE RECEIVED: _____
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**US Youth Soccer**  
A Proud Member of US Soccer



Please Type or Print Clearly-Do Not Staple Affiliated with the Federation Internationale de Football Association Please Type or Print Clearly-Do Not Staple

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games MSC 17TH ANNUAL MIDNIGHT MADNESS HALLOWEEN INVITATIONAL

Hosting Organization MANDEVILLE SOCCER CLUB

President or Chief Officer of Hosting Organization SCOTT GUTTERMAN Telephone 985-624-8080 W

Address 790 FLORIDA STREET E-mail MSCLUB@BELLSOUTH.NET 985-624-8080 H

City MANDEVILLE State LA Zip 70448 985-624-9662 FAX

State Association or Affiliate LOUISIANA SOCCER ASSOCIATION

Location of Tournament or Games PELICAN PARK/REC DISTRICT #1 **TEAM ENTRY DEADLINE:** OCTOBER 1, 2011

Date(s) of Tournament or Games OCTOBER 20, 21, 22, 23, 2011 Estimated # of Teams 200

Tournament or Games Director or Contact Person MSC OFFICE Telephone 985-624-8080 W

Address 790 FLORIDA STREET E-mail MSCLUB@BELLSOUTH.NET 985-624-8080 H

City MANDEVILLE State LA Zip 70448 985-624-9662 FAX

Age Groups Accepted	Type(s) of Team Accepted*	B	G	Roster Size	# Guest Players Allowed	Length of Games	Ball Size	Awards	Min # of Games	Entry Fee	Bond
U-10	8/1/01 C & D 8 V 8	✓	✓	16	3	2 X 25	4	1ST AND 2ND	3	\$385	
U-11	8/1/00 C D G	✓	✓	16	3	2 X 25	4	1ST AND 2ND	3	\$385	
U-12	8/1/99 C D G	✓	✓	16	3	2 X 25	4	1ST AND 2ND	3	\$385	
U-13	8/1/98 C D G	✓	✓	18	3	2 X 30	5	1ST AND 2ND	3	\$425	
U-14	8/1/97 C D G	✓	✓	18	3	2 X 30	5	1ST AND 2ND	3	\$425	
U-15	8/1/96 C D G	✓	✓	18	3	2 X 30	5	1ST AND 2ND	3	\$425	
U-16	8/1/95 C D G	✓	✓	22	3	2 X 30	5	1ST AND 2ND	3	\$425	
U-17	8/1/94 C D G	✓	✓	22	3	2 X 35	5	1ST AND 2ND	3	\$425	
U-18	8/1/93 C D G	✓	✓	22	3	2 X 35	5	1ST AND 2ND	3	\$425	
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 Organization (list below)\*\*

\*\*Foreign Teams/State Associations/Affiliates/Other US Soccer Members: ALL STATES INCLUDING US CLUB SOCCER AND OTHER US SOCCER MEMBER ORGANIZATIONS. THIS TOURNAMENT WILL ACCOMMODATE LSA C-2 AND C-3 LEAGUE GAMES. NO GUEST PLAYERS ALLOWED FOR LSA LEAGUE GAMES.

Signature of President or Chief Officer of Hosting Organization [Signature] Date 6/10/11

**APPROVAL**  
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE LSA Date 6.15.11  
By [Signature] Title Exec Dir

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.