

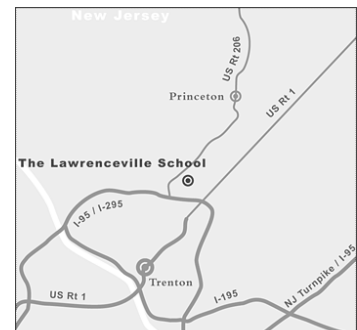


Adult 8 a side

Soccer leagues

LEAGUE INFORMATION

- Eight week leagues—Starting Thursday September 15th, 2009
- Finals night—Thursday November 5th, 2009
- Fast paced 8v8 format / All teams guaranteed 7 games (1 per week) and entry into finals night
- All games played on state of the art turf fields
- **Leagues—Mens Open A, Mens Open B, Mens Over 30, Co-Ed**
- Only 8 teams per league
- Roster size minimum 8 players / 12 player maximum
- All games will be completed in a 3 hour window **6.30pm-9.30pm**
- Game times 6.30pm, 7.15pm, 8.00pm and 8.45pm



www.Lawrenceville.org

TOURNAMENT RULES

- Game duration 40 minutes, running clock
- 8v8 — 7 field players and a goalkeeper
- Substitutions on the fly
- No offsides
- No punting by goalkeeper
- All other FIFA rules will apply
- Co-Ed Team must have a minimum of 2 female players on the pitch at all times

FORMAT & SCORING

- Each league will have 8 teams
- 7 group games and 1 playoff game
- 3 points awarded for a win
- 1 point tie
- 0 points loss
- Tiebreaker rules will apply if needed
 - 1: Most wins
 - 2: Head to head
 - 3: Bonus points - 1 point per goal
 - 4: Goals against
 - 5: If needed sudden death penalty shootout
- Playoff games will be 20 minutes and single elimination on finals night
- Penalty shoot out—Sudden death in finals
- Playoff game schedule will start with 1st and 8th place, 2nd and 7th place, 3rd and 6th place, 4th and 5th place

TOURNAMENT REGISTRATION

- **ENTRY FEE \$750 PER TEAM**
- Please complete Tournament Registration form and mail to UK Elite Soccer no later than September 1st 2009
- Contact Information
 - Adult 8 a side League Director
 - 610 747 0838 ext 207
 - Adult8Leagues@UKElite.com

PLEASE MAIL OR FAX COMPLETED APPLICATION FORMS TO:

ADULT 8 a side SOCCER LEAGUES
 C/O UK ELITE SOCCER
 210 MALAPARDIS RD, SUITE 201, CEDAR KNOLLS, NJ 07927





Adult 8 a side Soccer leagues

TOURNAMENT APPLICATION

TEAM INFORMATION

TEAM NAME

MENS OPEN A MENS OPEN B MENS OVER 30 COED OPEN

UNIFORM COLOR ALTERNATE COLOR

TEAM CONTACT INFORMATION

PRIMARY CONTACT

ADDRESS

CITY STATE ZIP

EMAIL

PHONE # CELL #

SECONDARY CONTACT

EMAIL

PHONE # CELL #

TEAM PAYMENT

PAYMENT METHOD CHECK VISA MASTERCARD

CC NUMBER

EXPIRES MM/YY SIGNATURE _____

FOR OFFICE USE ONLY

Recd _____

Check#Auth _____

Comp _____

PLEASE MAIL OR FAX COMPLETED APPLICATION FORMS TO:

ADULT 8 a side SOCCER LEAGUES
 C/O UK ELITE SOCCER
 210 MALAPARDIS RD, SUITE 201, CEDAR KNOLLS, NJ 07927
 Fax 973 631 8743





Adult 8 a side

Soccer leagues

PARTICIPATION WAIVER

TEAM NAME

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

CELL #

EMERGENCY CONTACT

EMAIL

PHONE #

CELL #

WAIVER INFORMATION

I certify that I am in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K. Elite Soccer inc, Adult 8 a side soccer leagues its agents, employees and contractors harmless from any and all claims for injuries sustained during my participation in the program / tournament or league.

Permission is granted for my child to receive emergency medical treatment. NOTE: please include relevant medical information in writing with this participation waiver.

SIGNATURE

DATE

PLEASE MAIL OR FAX COMPLETED APPLICATION FORMS TO:

ADULT 8 a side SOCCER LEAGUES
C/O UK ELITE SOCCER
210 MALAPARDIS RD, SUITE 201, CEDAR KNOLLS, NJ 07927
Fax 973 631 8743

