

1st Annual Joma Cup 3v3 Tournament/Festival
PRESENTED BY
Futbol Niagara of St. Catharines

August 19 2017-U9-U12
August 26 2017-U13-U16

The Futbol Niagara Club of St. Catharines invites you to enter the 1st Annual Joma Cup 3v3 Tournament/Festival. This is classified as an **Inter District Festival for U9/U10, U11/U12 Boys & Girls & North American Competitive Boys & Girls Tournament for the following age groups: U13/14, U15/U16.**

U9/U10 Born in 2008/2007 - Festival
U11/U12 Born in 2006/2005- Festival
U13/U14 Born in 2004/2003
U15/U16 Born in 2002/2001

INFORMATION:

- All participating teams must be registered with their District Association.
- Each team must secure a Permission to Travel Document from their District Association and submit this form to us prior to the tournament.
- Team roster shall be limited to 7 players all age groups each of whom shall comply with the age restriction (calendar year). Festival Teams- No books are required only proof of registration. Please come 1 hour before your first game to register your team with the necessary paperwork.
- Neither Futbol Niagara nor the Tournament Committee shall be responsible for expenses/damages incurred by any team if the tournament/festival is cancelled in whole or in part.
- Medals will be awarded to Champions as well as Finalists (U13/14-U15/U16) Festival teams U9/U10, U11/U12 will receive a participation gift for all players.

- **Once your payment has been received you will then get confirmation of your participation in the tournament/festival**
- **Out of province insurance agreement must accompany application.**
- **No refunds once your registration fee has been accepted.**
- **Payment options Cheque, Debit, Visa or Master Card.**

ENTRY DEADLINE: July 25/17

ENTRY FEE'S: \$100.00 Per Team

All schedules/information will be on our website approx. 5 days before tournament.

www.futbolniagara.com

E-mail: futbolniagara@gmail.com

APPLICATION INFORMATION:

CLUB NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
PHONE: _____ FAX: _____
E-MAIL: _____

TEAM NAME: _____

AGE DIVISION: U _____ BOYS U _____ GIRLS

HOME DISTRICT: _____

Current LEAGUE: _____ **Current DIVISION:** _____

CONTACT PERSON: _____

COACH: _____ MANAGER: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: (DAY) _____ (EVE) _____

FAX: _____ E-MAIL: _____

Cell Number: _____

Send completed application form, copy of Permission to Travel Form approved by your District Association and cheque to:

Futbol Niagara of St. Catharines
5 McBride Dr., St. Catharines, L2S 3Y4

FOR CLUB USE ONLY

Date Rec'd _____ *Fee* _____ *Travel Permit* _____ *Roster* _____

For more information, please contact:

FUTBOL NIAGARA OF ST. CATHARINES
Phone: 905-984-1165

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