



August 21, 2009

Dear Coach/Manager,

Welcome to the 2009 Autumn Classic Soccer Tournament!

Enclosed please find a T-Shirt preorder form, a site map, a referee interest form, and a field roster form. The final tournament schedule will be posted on the TBAYS website (www.tbays.org) by Monday, Sept. 14. **Please note the schedule will not be sent either by mail or email.** U-9/10 will play 6 v 6 format U-11/12 will play 8 v 8 format, U-13 and up will play 11 v 11 format.

At the time that the schedules are posted on the website, we will also post your team's check-in time at the Keystone Soccer Complex. The time will be based on your first game and will be no less than ½ hour before your first game. It may be as much as 2 hours before your 1st game. If you are playing early on Saturday morning, your assigned check-in will be on Friday night. Please be sure you don't miss your scheduled appointment or we can't guarantee that your team will be able to take the field on time for their first game. If you don't have access to the website, you may call our office at 231 933-8229 to get your check-in appointment time. At your option, your team check-in may be done on Friday, Sept 18 between 4:00pm-7:30pm instead of at your appointment time. The players are not required at check-in, only the coach or business manager. Please remember to bring the following items when you check-in:

<input type="checkbox"/> Player Passcards	<input type="checkbox"/> Completed Field Roster
<input type="checkbox"/> Medical Release Forms	<input type="checkbox"/> Coaches Risk Management Cards
<input type="checkbox"/> MSYSA Tournament Guest Player Permission*	<input type="checkbox"/> Certified Team Roster

If you are using Mapquest or your GPS system to locate the Keystone Soccer Complex, the address to use is 712 Keystone Rd.

We will not be banding the players. Coaches will retain their player's passcards which must be presented along with their risk management cards before each game. Only two coaches will be allowed on the sidelines for each game and both must have their risk management cards in their possession.

We would like to remind you that pets are not allowed at our facility and that there is no overnight camping, (including RV's) on the grounds. We appreciate your cooperation.

If you have any questions, please call the TBAYS office at (231) 933-8229. Thank you, welcome and good luck. We hope you will enjoy our tournament as much as we enjoy hosting you!

Sincerely,

Thomas Singer, Tournament Director

*** If you have guest players, you MUST register these players with MSYSA through their website at www.michiganyouthsoccer.org and provide TBAYS with documentation at check-in.**

REFEREE ASSIGNMENT INFO SHEET

Qualified USSF registered Officials sought for Sept. 19-20 Autumn Classic! We will schedule referee assignments so that they will not conflict with other tournament games with which an individual is otherwise involved. Please provide the appropriate information about team affiliation on the form below.

Name _____ Age _____
Street Addr. _____
City, St., Zip _____
Phone Numbers: Home _____ Work _____ Cell _____
E-Mail Address _____
USSF grade/class _____ Years' experience _____ Age Group Comfort Level _____

Assignment preferences: Younger boys / Older boys No preference
Younger girls / Older girls

Team Affiliations:

Team name	Age bracket
_____	_____
_____	_____

Check here for no team affiliation

Availability: Friday Saturday Sunday Monday check all that apply

Maximum number of games you wish to referee each day:

Friday _____ Saturday _____ Sunday _____ Monday _____

Do you require housing? Yes No

Additional Remarks: _____

Return completed form to:

TBAYS
ATTN: Director of Referees
160 Hughes Dr.
Traverse City MI 49686
FAX: 231 933-6629

Coaches: This is your official Tournament Roster. Type or clearly print your players' names, jersey number, and birth dates. Bring this form to Check-in on Friday evening. Use an asterisk to denote a guest player (maximum of 5 guest players allowed). If you are bringing guest players, then MSYSA Guest Player authorization and valid player cards are required.

TBAYS Tournament Field Roster

Team Name: _____ Girls/Boys Div: _____

League Name: _____

Coach: _____ Phone: () _____

Address: _____

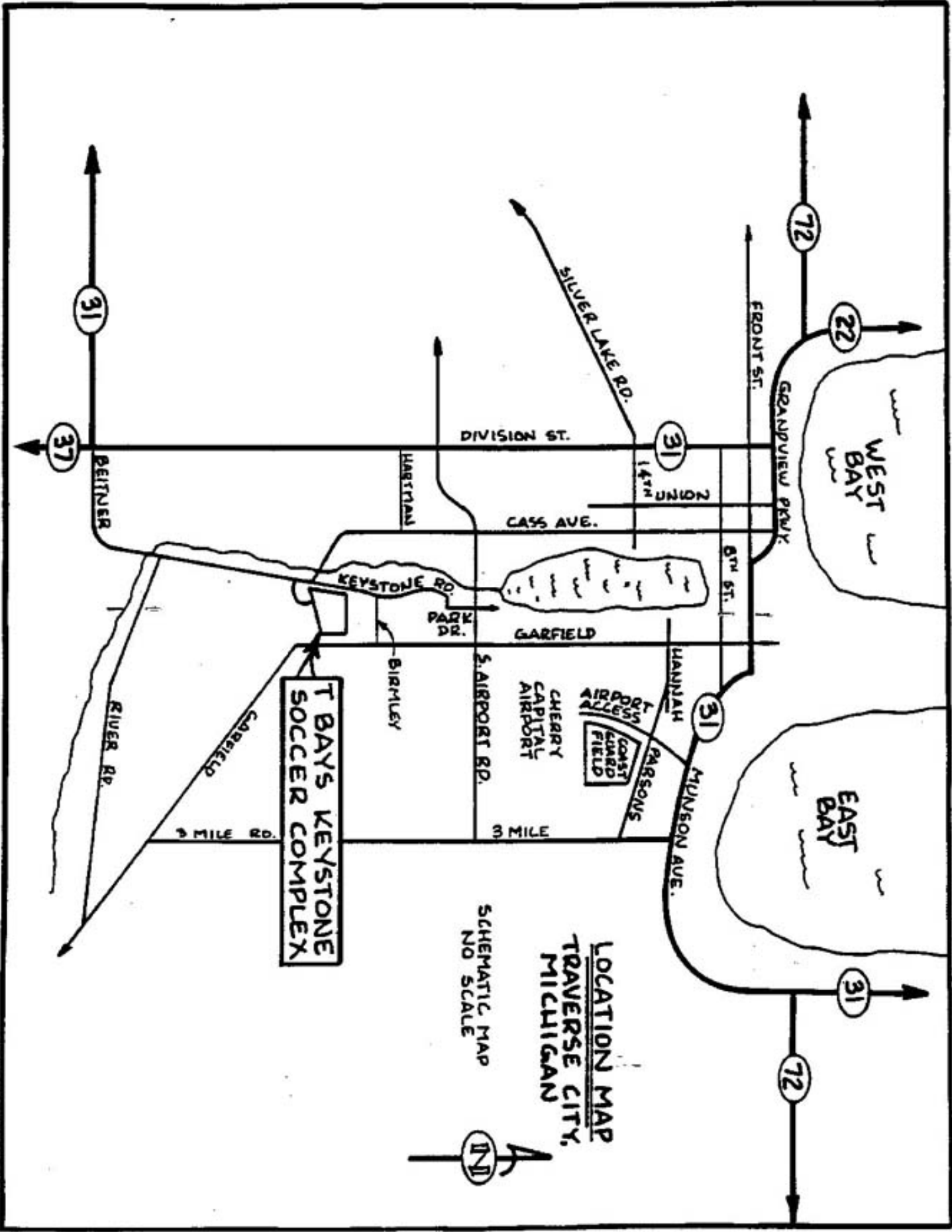
Manager: _____ Phone: () _____

Local Hotel: _____ Phone: () _____

*MR	*PC	*G	Player's Name Please List Alphabetically	#	Birth Date
			1		
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10		
			11		
			12		
			13		
			14		
			15		
			16		
			17		
			18		

* FOR CHECK-IN USE ONLY

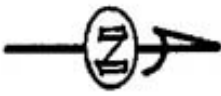
MR-MEDICAL RELEASE PC-PASS
 CARD G-GUEST PLAYER



**T BAYS KEYSTONE
SOCCER COMPLEX**

**LOCATION MAP
TRAVERSE CITY,
MICHIGAN**

SCHEMATIC MAP
NO SCALE



Autumn Classic 2009

Pre-Tournament T-Shirt Order Form

Pre-Tournament shirt prices using this form: Short Sleeve \$14, Long sleeve \$16, Hoodies \$22
 (On-Site Tournament Prices will be \$16, \$18 & \$25)
 All shirts are available in White, & Ash



	Short Sleeve White	Short Sleeve Ash	Long Sleeve White	Long Sleeve Ash	Hoodie White	Hoodie Ash
Kids M						
Kids L						
Adult S						
Adult M						
Adult L						
Adult XL						

Team Name _____

Coach _____

Age Group _____ Boys or Girls _____

Contact Person _____

Phone Number _____

Short Sleeve Total @ \$14 each _____

Long Sleeve Total @ \$16 each _____

Hoodies Total @ \$22 each _____

Total Amount of Check _____

Make checks payable to **TBAYS** and mail to :

TBAYS

160 Hughes Dr.

Traverse City MI 49686

Orders must be received by Sept. 10