



Apr. 24, 2009

Dear Coach/Manager,

Welcome to the 2009 Cherry Capital Cup Soccer Tournament!

Enclosed please find a T-Shirt preorder form, procedure change information, 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, May 11. **Please note the schedule will not be sent either by mail or email.** U-9/10 will play 6 v 6 format (with no offside rule per the Michigan State Youth Soccer Association) 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, May 15 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:

_____ Player Passcards	_____ Completed Field Roster
_____ Medical Release Forms	_____ Coaches Risk Management Cards
_____ MSYSA Tournament Guest Player Permission*	_____ Certified Team Roster

Coaches will retain their player's passcards which must be presented along with their risk management cards at check-in. . The tournament roster and passcards must be identical. Passcards will be stamped and verified at check-in. 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 are using Mapquest or your GPS system to locate the Keystone Soccer Complex, the address to use is 712 Keystone Rd.

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.**

ATTENTION COACHES!

New this year to the Cherry Capital Cup, we have made a few changes in game time procedures. Please be sure to familiarize yourself with these changes:

The HOME team for each game will present the center referee with the game card for that match prior to taking the field.

You will also give the refs vouchers that they will need in order to get paid at the end of the tournament.

You will receive these game cards and vouchers at the time of check in.

The WINNING team coach from each match is responsible for submitting the game card to the registration tent (where you checked in) to ensure proper and timely score posting.

No team may forgo check in. It is imperative that team staff properly register and check in their team(s).

Failure to follow these procedures may result in dismissal from the tournament or forfeiture of games.

Thank you for your cooperation and for your attendance at the 2009 Cherry Capital Cup!

REFEREE ASSIGNMENT INFO SHEET

Qualified USSF registered Officials sought for May 16-17 for the Cherry Capital Cup! 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: _____

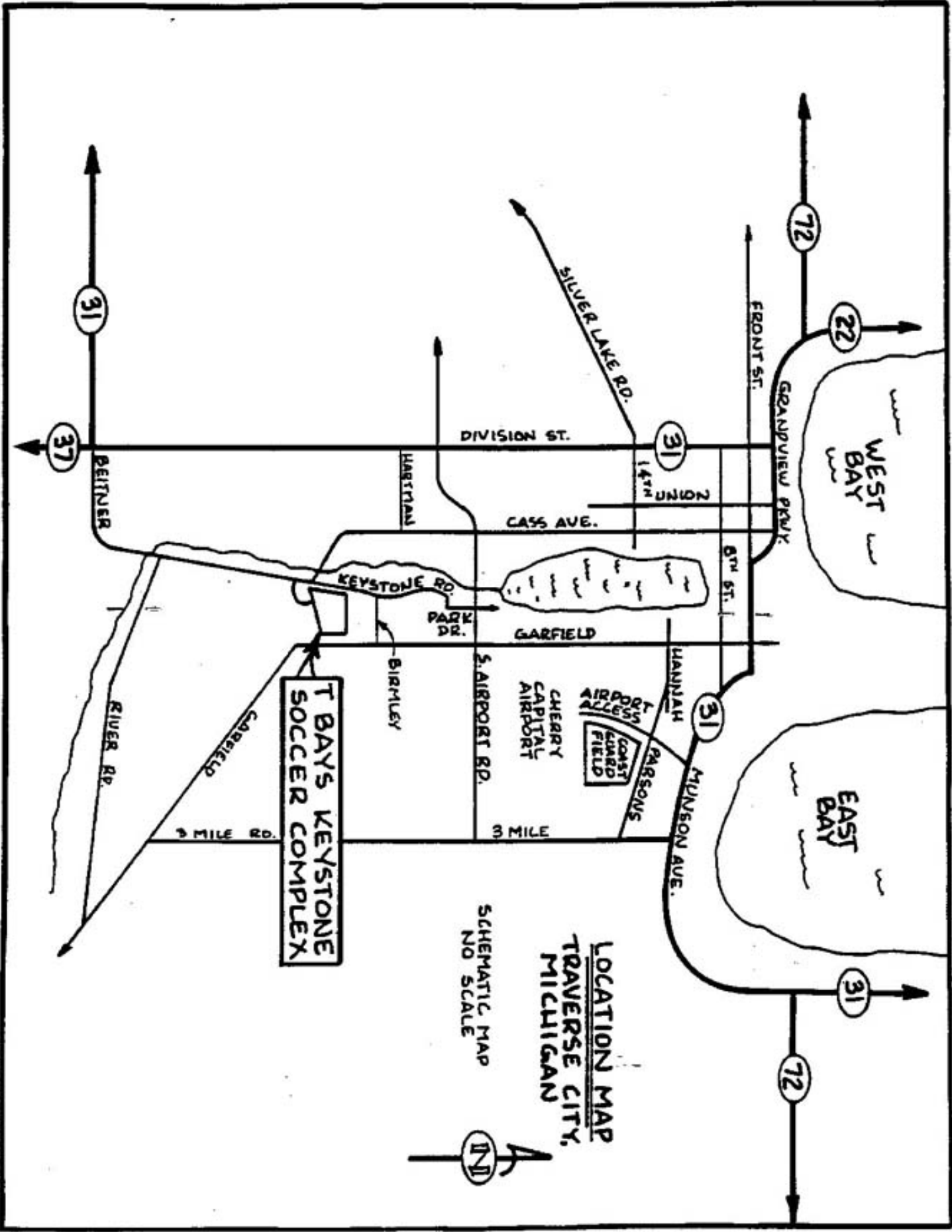
Manager: _____ Phone: () _____

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

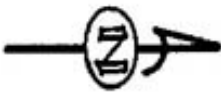
MR-MEDICAL RELEASE PC-PASS
CARD G-GUEST PLAYER



**T BAYS KEYSTONE
SOCCER COMPLEX**

**LOCATION MAP
TRAVERSE CITY,
MICHIGAN**

SCHMATIC MAP
NO SCALE



Cherry Capital Cup 2009

Pre-Tournament T-Shirt Order Form

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



	Short Sleeve White	Short Sleeve Ash	Short Sleeve Tie Dye	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 _____

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 May 7