



LEXINGTON FC PRESENTS THE LIT

PLEASE JOIN THE LEXINGTON FC FOR THE 14TH ANNUAL

LEXINGTON INVITATIONAL TOURNAMENT

TO BE HELD OCTOBER 16-17TH, 2010

THE MATCHES WILL BEGIN ON SATURDAY, OCTOBER 16TH AND END ON SUNDAY, OCTOBER 17TH. TEAMS ARE GIVEN A GUARANTEED 3 GAMES, WHICH WILL BE PLAYED ON SATURDAY AND SUNDAY.

APPLICATIONS ARE INVITED FROM TEAMS AFFILIATED AND IN GOOD STANDING WITH RESPECTIVE STATE AND NATIONAL ASSOCIATIONS.

WE WILL ACCEPT BOTH USYSA TEAMS AND US CLUB TEAMS.

THE MAXIMUM NUMBER OF PLAYERS ON ANY ONE U9 TEAM IS -10, ON U10 IS -12, U9-10 TEAMS WILL PLAY 6V6. U11-12 TEAMS WILL PLAY 8V8 WITH 15 AS THE MAXIMUM NUMBER OF PLAYERS. U13-14 TEAMS MAY HAVE A MAXIMUM OF 18 PLAYERS AND WILL PLAY 11V11. UP TO 3 ELIGIBLE GUEST PLAYERS MAY BE ADDED TO EACH TEAM IF DESIRED. **WE RESERVE THE RIGHT TO CREATE DIVISIONS AS NECESSARY.**

ENTRY FORMS MUST BE RECEIVED BY SEPTEMBER 17TH. INCLUDE WITH YOUR REGISTRATION (OR MAIL SEPARATE FROM YOUR FAX) A CHECK OR MONEY ORDER IN THE AMOUNT OF \$375.00 FOR U9, \$425.00 FOR U10, \$450 FOR U11-12 AND \$475 FOR U13-14 MADE PAYABLE TO

"LEXINGTON INVITATIONAL TOURNAMENT".

FAX NUMBER: (859) 219-1277.

TEAMS WILL NOT BE PLACED IN THE LIT UNTIL THE SEPTEMBER 17TH DEADLINE AND NOTIFICATION OF ACCEPTANCE OR NON-ACCEPTANCE WILL BE MAILED NO LATER THEN SEPTEMBER 21ST. THE ENTRY FEE OF TEAMS NOT ACCEPTED WILL BE RETURNED. UPON ACCEPTANCE, THE ENTRY FEE IS NON-REFUNDABLE.

TOURNAMENT RULES, MAPS, SCHEDULES, A LIST OF HOTELS, T-SHIRT ORDER FORMS AND OTHER INFORMATION WILL BE POSTED ON THE LEXINGTON FC WEBSITE.

**AGE GROUPS (BOYS AND GIRLS) ACCEPTED: U9-U14
TO REGISTER, COMPLETE THE ENTRY FORM AND MAIL TO:**

**THE LIT
PO Box 22381
LEXINGTON, KY 40522**

**FOR MORE INFORMATION, PLEASE CONTACT
DEBBIE VOGEL AT (859) 219-1493
OR SEND E-MAIL INQUIRIES TO LEXINGTONFC@AOL.COM**



For Office Use Only

Date Received: _____
 Amount of Check: _____
 Check #: _____

Lexington Invitational Tournament - 2010

October 16-17, 2010

Complete Entry Form and Mail to:

**Lexington FC, Attn: Debbie Vogel,
 P.O. Box 22381, Lexington, KY 40522**

Tournament Registrar:
 Debbie Vogel
 (859) 219-1493
 LexingtonFC@aol.com

Age Group (circle) U9 U10 U11 U12* U13 U14
 Including Coaches, how many Participants are on your team? _____
 Team Level (circle) Premier (A) or Classic (B) Gender: (circle) Boys Girls

Team Name: _____ Coach: _____
 League Name: _____ State Association: _____
 Contact Name: _____ Home Phone: _____
 Work Phone: _____ Contact Address: _____
 Cell: _____ e-mail: _____
 The Tournament Committee reserves the right to create divisions and brackets as needed. Please sign below to indicate you understand our policy,
 Contact Name Signature _____

Team History

State Cup and Tournament Results

Name	Division	Won	Lost	Tied	Standings

League Record

Season	Won	Lost	Tied	Standings	Season	Won	Lost	Tied	Standings

Please include any additional information that will be helpful in the selection process.

Tournament Director: Mary Lynn Walsh - MarylynnW1@aol.com

Assistant Tournament Director: Mark Berginski - Mberginski@windstream.net

Deadline for Application is Sept. 17th