



# LEXINGTON FC PRESENTS THE LIT

PLEASE JOIN THE LEXINGTON FC FOR THE 13TH ANNUAL

LEXINGTON INVITATIONAL TOURNAMENT

TO BE HELD OCTOBER 10-11TH, 2009

THE MATCHES WILL BEGIN ON SATURDAY, OCTOBER 10TH AND END ON SUNDAY, OCTOBER 11TH. 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 11TH. 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 11TH DEADLINE AND NOTIFICATION OF ACCEPTANCE OR NON-ACCEPTANCE WILL BE MAILED NO LATER THEN SEPTEMBER 18TH. 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](mailto:LEXINGTONFC@AOL.COM)



**For Office Use Only**

Date Received: \_\_\_\_\_  
 Amount of Check: \_\_\_\_\_  
 Check #: \_\_\_\_\_

**Lexington Invitational Tournament - 2009**

October 10-11, 2009

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.

\_\_\_\_\_  
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 \_\_\_\_\_  
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**Tournament Director: Mary Lynn Walsh - [MarylynnW1@aol.com](mailto:MarylynnW1@aol.com)**  
**Assistant Tournament Director: Mark Berginski - [Mberginski@windstream.net](mailto:Mberginski@windstream.net)**  
**Deadline for Application is Sept. 11th**