

**Team Roster for Idaho Falls Shootout  
Invitational Soccer Tournament  
(For use in Official Tournament Program)**

TEAM NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 HEAD COACH: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 MANAGER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 Primary/Alternate Jersey Colors: \_\_\_\_\_ / \_\_\_\_\_

<i>Committee Use</i>						
B	12	14	16	17	18	19
G	12	14	16	17	18	19
			A	B		

**MAXIMUM 3 GUEST PLAYERS ALLOWED**

This section must be completed. A computer printout may be submitted. Remember, out-of-state teams must have travel papers. Rosters may also be sent via e-mail: [kflaherty@cableone.net](mailto:kflaherty@cableone.net)

Please list alphabetically

Last name, First name	Birth Date	Jersey No.	Position
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

Referees or ARs accompanying team:

Name	E-Mail or Address	Phone	Ref	Line

**DEADLINE: March 15, 2008**  
**REGISTRATION FEE: \$280 for U11/U12**  
**\$420 U13 and older**  
**Kelly Flaherty, Registrar, 208-522-1723**  
**Todd and Kathy Hampton, Directors, 208-523-1528**

**SEND TO: Idaho Falls Shootout**  
**928 W. Riverview**  
**Idaho Falls, ID 83401**

**Application for Idaho Falls Shootout  
Invitational Soccer Tournament  
May 2-4, 2008**

Team placement  
Check appropriate categories  
Girls: U12 \_\_ U14 \_\_ U16 \_\_ U17 \_\_ U18 \_\_ U19 \_\_  
Boys: U12 \_\_ U14 \_\_ U16 \_\_ U17 \_\_ U18 \_\_ U19 \_\_

<i>Committee Use</i>
Date received _____
Check amount _____

**APPLICATION MUST BE FULLY COMPLETED**

---

TEAM NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SEND ALL CORRESPONDENCE TO \_\_\_ HEAD COACH \_\_\_ MANAGER**

State official who signs travel papers: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ (day) \_\_\_\_\_ - \_\_\_\_\_ (night)

Description of your club or league: \_\_\_\_\_

Other teams in your regular league: 1) \_\_\_\_\_

2) \_\_\_\_\_

2007 Season record: 3) \_\_\_\_\_

Won \_\_\_ Lost \_\_\_ Tied \_\_\_ 4) \_\_\_\_\_

Has this team participated in prior Idaho Falls Shootout tournaments? Yes \_\_\_\_\_ No \_\_\_\_\_

Please accept our application to participate in the 29<sup>th</sup> Annual Idaho Falls Shootout Tournament on May 2-4, 2008 in Idaho Falls, Idaho. I understand that during Tournament Registration on Friday, May 2, I must submit to the Tournament Committee my US Club or USYSA player passes, a roster properly signed by my District Commissioner or my State Association, and medical release forms. I understand that teams from out of state must submit travel papers during Tournament Registration on Friday, May 2nd.

My check for \$280 (U12) or \$420 (U13 and older) payable to Bonneville Youth Soccer League is enclosed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_