



**The High Noon Soccer League
Proudly presents
The 15th Annual
Whole Enchilada Soccer Classic**

Dates: October 8th, 9th, and October 10th 2004. Local teams may be required to play on the evening of October 8th.

Entry Fees: \$350 for U10 and \$400 for U11 and above made payable to the High Noon Soccer League via money order, cashiers or club check.

Awards: Awards are given for 1st, 2nd, and 3rd place winners in each age division

Sanctioning Body: NMYSA – High Noon Soccer League

Eligible Teams: Competitive, League Select, All Star, ODP, and Recreational.

Divisions: U-10 through U-14 girls and boys. The oldest rostered or loan player will determine the age group. No older players will be allowed once the team is accepted.

Guest Players: Maximum of 3, rosters limited to 18 players. U10 teams rosters limited to 14 players.

Format: USYSA Rules, 3-point scoring system, 3 games guaranteed. One point will be deducted for each red card issued to either a player or coach. Under no circumstances will a red-carded player or coach be allowed to participate in the following game. Coaches will be held responsible for the conduct of their team's players, parents, and supporters. Misconduct on the part of any player, coach or parents will be reported to the home state and club associations. No appeals or protests will be accepted.

Credentials:

US Youth Soccer procedures and FIFA travel procedures must be followed. The following documentation is required for entry into the tournament:

- State Approved Team Roster
- Membership Forms
- Laminated 2004/05 USYSA or AYSO Player and Coach Pass cards, or appropriate National Association Passes
- Travel Papers obtained and signed by your State or National Association (one copy mailed to the Tournament Director)
- Notarized medical authorizations for all players will be required at registration and maintained at the field during play
- Loan Player Forms for each guest player
- ALL PLAYERS MUST HAVE PROOF OF BIRTH.
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Check-in: October 7th for local teams and October 8th for all other teams. Check-in will be held at Las Cruces High School, 1755 El Paseo Rd., Las Cruces, NM, 88005.

Tournament Address:

HNSL – TWESC
Ronald K. Nestle – HNSL Tournament Director
1485 N. Main, Suite C.
Las Cruces, NM 88005

The 15th Annual Whole Enchilada Soccer Classic

October 8th, 9th and 10th 2004

Tournament Application

Please type or Print:

Team Name: _____ Club Affiliation _____

Age Group: U10, U11, U12, U13, U14 (circle one) Girls _____ Boys _____

Age year of oldest player: _____

Describe Competitive Level: _____

Affiliation: State _____ League _____

Uniform Colors: Jersey _____ Alt. Jersey _____ Shorts _____

League Record Spring Season (W-L-T) ___ - ___ - ___ Rank in Your Division: ___ out of ___ Teams

Provide Your Teams' Tournament Record for the last years:

Tournament Name Win-Loss-Tie Finalist - Winner (Y/N) Bracket

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: _____

Contact Name _____ Coach _____ Manager _____

Address _____

City _____ State _____ Zip _____

Phone: Hm _____ Wk _____ Fax _____ E-mail _____

Coach Name _____

Address _____

City _____ State _____ Zip _____

Phone: Hm _____ Wk _____ Fax _____ E-mail _____

Mail application, roster and check for \$350 or \$400 payable to High Noon Soccer League - TWESC to:

HNSL - TWESC

1485 N. Main Suite C

Las Cruces, NM 88005

Tournament Director: Ronald K. Nestle

- Tournament Line: 505-523-0261
- Tournament Fax: 505-523-0261, Attn: TWESC
- Tournament Web Site: <http://www.zianet.com/soccerlc/>
- E-Mail Address: highnoonoffice@zianet.com or lcufalcons@yahoo.com

OFFICIAL

TOURNAMENT USE

ONLY

Date Rcvd: _____

Check # _____

Amount: \$ _____

Roster _____

The 15th Annual Whole Enchilada Soccer Classic 2004

Player Roster Form

Team Name: _____ Club Affiliation: _____
 Age Group: U10, U11, U12, U13, U14 (circle) Girls _____ Boys _____
 Coach: 1: _____ Phone: _____ E-Mail: _____
 Asst. Coach: 2: _____ Phone: _____ E-Mail: _____
 Manager: _____ Phone: _____ E-Mail: _____

Player Name	Player ID # (optional)	Player Birth Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

Note: A club roster may be substituted for the list above

Waiver of Liability Must be signed and accompany Application:

We, the undersigned representative of the participating team, to induce the High Noon Soccer League to accept this team registration and permit this team's participation in The 15th Annual Whole Enchilada Soccer Classic 2004 Tournament, do agree to release, indemnify, and hold harmless the High Noon Soccer League, and the High Noon Soccer Tournament Complex, officials, administrators, sponsors, coaches, referees, and/or representatives from any and all liability from any claim arising out of any injury, or damage to person, property, or economic interests connected with or arising out of any action taken by them in good faith, or out of any failure to act. We also recognize and acknowledge that adverse weather or other acts of God occur and we will accept the decisions regarding playability of facilities without objection, appeal or compensation whatsoever. We hereby release all persons or entities mentioned above from any and all liability for direct or consequential damages resultant from said judgment. We certify that each player on the roster is covered by an approved medical insurance plan as required for youth sports. I further certify that by signing below I have read and acknowledge receipt of all the information in this invitation and understand its content.

Coach or Manager Signature: _____

Name Printed: _____ Date: _____

Email Address: _____