



*You Are Cordially Invited To The
38th Annual Valley Cup Women's Soccer Tournament
May 18-19, 2019
Cherry Island Soccer Complex
Sacramento, California*

OVER 60 DIVISION APPLICATION

We are pleased to announce our 38th Annual Valley Cup Tournament. The tournament format offers ample opportunity for excellent soccer competition, with four games guaranteed to each participating team.

Applications will be accepted on a FIRST-COME, FIRST-SERVED basis, according to the POSTMARK DATE (USPS mail or email). We look forward to seeing you in May for another year of friendly competition!

TOURNAMENT INFORMATION

Tournament Dates: Saturday, May 18, 2019: Round Robin Qualification
Sunday, May 19, 2019: Elimination Playoff

Application & Fee Schedule for the Over 60 Division

Refer to the application, fee, and roster deadlines below. Postmarks are controlling; there will be no exceptions for any deadline. **Team roster** is due by **March 22, 2019**; if your roster is not received by the deadline your application will be considered incomplete and your application will be placed on the waiting list.

February 1 Deadline: \$475 per team (O60 division) – fees due with this application deadline

March 22 Deadline: \$525 per team (O60 division) – fees and roster are due with this application deadline

A check for full fee amount is required with the application based on the deadline. Make checks payable to SVWSL Valley Cup. *Note: as indicated in the deadline schedule, each team's roster is due by March 22, 2019. No signatures are required; players will do that at the tournament. Team managers, you need to include birthdates and must use the roster form provided; an email with the list of players will not be accepted.*

Application Address: *****This is my residence; be sure to put Deidre Bryant on the envelope*****
502 Cranberry Lane, El Dorado Hills, CA 95762

Tournament Contact: Deidre Bryant, Valley Cup Chair
valleycupsac@gmail.com • www.svwsl.com

Team Size: No less than 10 and no more than 14 players

Tournament Location: Cherry Island Soccer Complex in north Sacramento
Maps will be provided with acceptance letter.

Divisions: **Over 60 division**
This division plays on a shorter field, which is half the size of a regular field.
The number of players on the field, including the goalkeeper, is 8v8.
The initial application must include a minimum of ten (10) players, with a maximum of 14.
All players must be 60 by December 31, 2019.
All other tournament rules apply.

Please designate first, second, and third division preference on your application; we will try to accommodate your first choice. Note: Any team that has placed first or second in the same division of play for the past two years may be placed in the next higher division. The Valley Cup Committee reserves the right to place teams as deemed appropriate.

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Number of Games: Minimum of four (4) games scheduled.

Game Length: Saturday: A maximum of 25-minute halves.
Sunday: All games, including playoffs or championships, are 25-minute halves with five-minute breaks. In order to maintain the tournament schedule, penalty kicks will be used to break tie games during playoffs or championship games (no overtime).

Rosters: An initial roster with a minimum of 10 players and maximum of 14 players is due by **March 22, 2019.**

Note: Signatures *are not* required on the roster prior to the tournament; you need to *include* birthdates. Once initial roster has been submitted, teams will be allowed a maximum of five player replacements (drop and add) or additions prior to the close of registration/check-in at 4:00 pm on Saturday, May 18, 2019. For convenience, these changes may be made via e-mail prior to registration/check-in (valleycupsac@gmail.com).

Changes to the roster will not be allowed on Sunday.

Once a player has registered/checked-in/participated in a tournament match, that player may not be replaced on the roster. However, the Valley Cup Committee reserves the right to make exceptions in the case of injury.

Team Confirmation: A confirmation by email will acknowledge that your application packet was received. Incomplete packets could be placed on a waiting list. *Be sure to include tournament application, roster, fees and team standings in your league.*

Team Acceptance: Team acceptance letters will be emailed no later than the first week of April. A follow-up email, including schedules, maps, and other pertinent tournament details, will be available online by the end of April. **ONCE A TEAM HAS BEEN ACCEPTED, REFUNDS WILL NOT BE ISSUED.** Teams that are not selected may elect to: (1) receive an immediate refund in full or (2) request placement on a waiting list in the event an opening occurs. Teams not placed in the tournament will be issued a full refund no later than two weeks after the tournament.

Other Notes:

1. We are concerned about the safety of all our players. If you plan to wear a knee brace, please remember that hard surfaces must be covered by 1/4-inch closed-cell slow recovery rubber or equivalent material (neoprene sleeve).
2. Jerseys must have numbers on the back. Alternate jerseys with numbers are required.

Please return enclosed application form, roster, fees and league standings to:

Valley Cup Tournament
c/o Deidre Bryant
502 Cranberry Lane
El Dorado Hills, CA 95762
(916) 558-4487 – league voice mail; please leave a message
valleycupsac@gmail.com
www.svwsf.com

On the enclosed application, please be sure to indicate if you would like to be placed on a waiting listing should your team *not* be selected by the **March 19, 2018**, application deadline.

We will try to accommodate all teams with their first division choice, with consideration given to optimum playoff bracketing, field usage, and maximum number of participating teams.

Thank you, and we look forward to your team's participation!

Valley Cup Committee



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TOURNAMENT APPLICATION

Application Deadlines: February 1, 2019 (\$475) or March 22, 2019 (\$525)

TEAM NAME	
TEAM ALIAS <i>(list any other teams names)</i>	

TEAM MANAGER'S NAME	
ADDRESS	
CITY / STATE / ZIP	

HOME PHONE:	CELL PHONE:
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EMAIL	
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(For tournament communication only; will not be distributed)

AFFILIATIONS

LEAGUE:	DIVISION:
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LEAGUE CONTACT NAME/PHONE	
IS YOUR TOURNAMENT TEAM THE SAME AS YOUR LEAGUE TEAM	Yes___ No___ • If No, please tell us in detail how it is different. <i>(Write on the back if necessary or include in an email to the Committee.)</i>

TEAM INFORMATION

Average years of players' experience in this tournament.	
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Please provide standings for the last two seasons and the current league season.

Tournaments competed in (if any) and positions finished.	
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UNIFORM COLORS (jerseys/shorts/socks)	
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ALTERNATE UNIFORM (jerseys/shorts/socks)	
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<input type="checkbox"/> O60 DIVISION	<input type="checkbox"/> All players must turn 60 by December 31, 2019.
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If your team is not selected by the March 22 deadline, would you like to be placed on the *waiting list*? Yes_____ No_____