



The **NM Striker Futbol Club** invites you to participate in our 2nd Annual winter soccer tournament in Las Cruces, New Mexico. Last year our Inaugural Copa del Rey tournament had 139 teams participate, this year we expect more! The **STRIKER Futbol Club** is regionally recognized for its competitive soccer teams. Located near the U.S./Mexico border, we offer a chance to play with great competition from local, state, and regional soccer arenas. The “**Copa del Rey**” is open to all competitive and recreational club teams from USYSA, AYSO, US Club, Say and FIFA youth association teams. Whether you are a serious, competitive team or a team looking for a weekend of fun playing soccer, come join us. The tournament will have a dual division format to accommodate levels of play. Come enjoy what Las Cruces and southern New Mexico have to offer...a friendly place to play and great soccer weather. Join us for **Copa del Rey 2008!!!**

Dates: December 12-14, 2008 (December 12, is reserved for local teams only)

Eligible Teams: Tournament, Club, ODP and recreational Teams will be allowed up to 4 guest players. Dual registered players may play for only one team, declared by affidavit at registration.

Entry fee: \$200.00 (U06-U8 4 v 4), \$325.00 (U9-U10 5v5 + Keeper), \$375.00 (U9,10,11 & U12 7v7 + keeper), \$400.00 (U11-U18 11v11). Roster Size: (U6-U8 4 v 4 9Maximum), (U9-U10 6v6 12Maximum), (U9-U12 8v8 14 Maximum), U11-U18 18 maximum). Check or Money Order made payable to STRIKER F.C. Application will not be accepted without entry fee. **Withdrawal after acceptance forfeits entire fee.**

Partial proceeds from Tournament will be donated to HNSL Madeline Wright scholarship fund.

Awards: U6-U18, Medals for 1st, 2nd and 3rd place for U6- U18, 1st place team will receive a team trophy. **All U6 teams will receive participation medals.**

APPLICATION DEADLINE: November 24, 2008. Notification of receipt of application will be made within 10 days of receipt, by way of email and or list of accepted teams on website.

Sponsor: NM Striker F.C. of the High Noon Soccer League, Las Cruces NMReferees: Las Cruces Soccer Referee Association Venue: High Noon Soccer Complex, Burn Lake fields, and Provencio Van Damme.

Attention : U6 Through U8 Will be Playing at Provencio Van Damme Soccer Complex; U9 Through U18 Will be Playing at the High Noon Soccer Complex and Burn Lake fields. CHECK IN AT Host Hotel:



Ramada Palms 201 East University Ave, I-10 Exit 142 Las Cruces, NM 575-526-4411

For local teams - Thursday December 11, at 6:00 pm to 8:00 pm

For all other teams – Friday December12, at 6:00 pm to 9:00 pm

Copa del Rey 2008

December 12-14

Tournament Application

Please Type or Print:

Team Name: _____ Club Affiliation _____

Age Group: (U6, U7, U8 **4v4**), (**U9, U10 6v6**), (U9, 10, 11 & U12 **8v8**), (**U11, U12, U13, U14, 15, U16, U17, U18 11v11**) (circle one)

Girls Comp Rec **Boys** Comp Rec Age year of oldest player: _____

Describe Competitive Level:

Affiliation: State _____ League _____

Uniform Colors: Jersey _____ Alt. Jersey _____ Shorts _____

League Record Fall Season (W-L-T) _____ - _____ - _____ Rank in Your Division: _____ out of _____ teams

Provide Your Teams' Tournament Record for the last 18 months:

Tournament Name	Win	Loss	Tie	Finalist	Place	Bracket/Division
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 payable to STRIKER F.C to:

STRIKER F.C Copa del Rey 2008

Linda Lara – Tournament Director

P.O. Box 1249

Mesilla, NM 88046

Phone: 505-647-2928 HM, 505-642-4866 Cell

E-mail: nmstrikers@yahoo.com or copadelrey@ymail.com

Tournament Director: Linda Lara

- Tournament Web site: strikerfc.net and www.zianet.com/soccerlc/
- Tournament Fax: 505-527-9785, Attn: Copa del Rey 2008

FOR OFFICIAL TOURNAMENT USE ONLY

Date Rcvd: _____

Check # _____ Money Order # _____

Amount: \$ _____

Roster: Yes Official No

Player Roster Form

Team Name: _____ Club Affiliation: _____
Age Group: U6, U7, U8 **4v4**, (U9, U10 **6v6**), (U9, 10, 11 & U12 **8v8**), U-11, U-12, U13, U14, U15, U16, U17, U18 (circle one)

Girls: Competitive Recreational **Boys:** Competitive Recreational
Coach: _____ Phone _____ e-mail _____
Asst. Coach: _____ Phone _____ e-mail _____
Manager: _____ Phone _____ e-mail _____

<i>Player Name</i>	<i>Player ID #</i>	<i>Player Birth Date</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

Waiver of Liability: We, the undersigned representative of the participating team, to induce the STRIKER F. C Copa del Rey 2008 to accept this team registration and permit this team's participation in the 2008 Tournament, do agree to release, indemnify, and hold harmless the STRIKER F.C Copa del Rey, Striker F.C., High Noon Soccer League, 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:** _____