



THE 17TH ANNUAL SALLY GAMES SOCCER AGAINST LEUKEMIA & LYMPHOMA

One Day Women's Soccer Tournament benefiting the Leukemia
& Lymphoma Society

Saturday, October 14, 2017
Cherry Island Soccer Complex, Sacramento, California

2017 is the 17th year we're Kickin for a Cure with The SALLY Games!

Contact the SALLY Committee at deidreb@4arc.com for more information.

TEAM SIZE: No less than 12 and no more than 18 players. All players must be at least 18 years old on the day of the tournament.

MINIMUM

CONTRIBUTION: \$485/team if paid by Saturday, September 16, 2017.
\$535/team if paid after Saturday, September 16, 2017.
A check for full fee amount is required with the application form.
Registration will be open until Monday, September 25, 2017.
Make checks payable to: Soccer Against Leukemia & Lymphoma.

**APPLICATION
MAILING
ADDRESS:**

****This is my home address so please include my name on the envelope****
502 Cranberry Lane
El Dorado Hills, CA 95762

**TOURNAMENT
CONTACT:**

Deidre Bryant, Tournament Chair
deidreb@4arc.com

**APPLICATION
DEADLINE:**

E-mailed or received no later than Monday,
September 25, 2017.

All proceeds from the tournament are donated to the [Leukemia & Lymphoma Society](#) (LLS). The SALLY Games' committee is proud to support LLS' mission to cure leukemia, lymphoma, Hodgkins' disease and myeloma and improve the quality of life of patients and their families.

**TOURNAMENT
LOCATION:**

Cherry Island Soccer Complex in north Sacramento
Maps will be provided with acceptance confirmation letter.

**NUMBER OF
GAMES:**

Minimum of three (3) games scheduled.

GAME LENGTH:

A minimum of twenty-five (25) minute halves.

DIVISIONS: Based upon interest/entries, the divisions are:
Recreational A, B, and C
Over 30
Over 40 (if enough interest)
Over 50 (if enough interest)
Over 60 This division plays with 8 players on the field (if enough interest)

Please designate first and second division preference on your application; we will try to accommodate your first choice.

CONFIRMATION: Confirmation emails with a roster form will be emailed by *(Team Application)* Tuesday, September 26, 2017. A follow-up email, including schedules, maps and other pertinent tournament details, will be emailed no later than Saturday, October 7, 2017. **ONCE A TEAM HAS BEEN CONFIRMED, REFUNDS WILL NOT BE PROVIDED.** Teams that are not selected may elect to a) receive an immediate refund in full or b) request placement on a waiting list in the event an opening occurs. If not placed, teams will be provided fee refunds at the completion of the tournament.

ROSTERS: Upon confirmation of acceptance, a completed roster with birthdates will be required no later than **Friday, September 29, 2017**. (Roster form is available on the website and will be provided in the confirmation packet.) If roster changes are required, up to five (5) additions to the roster will be allowed during tournament registration. Maximum of 18 players per team.

IMPORTANT NOTES:

1. ALL correspondence will be via e-mail to defray costs. Any team requiring a mailed application should email the tournament chair.
2. If you plan to wear a knee brace, hard surfaces must be covered by 1/4-inch closed-cell slow recovery rubber or equivalent material (neoprene sleeve).
3. Division wristbands are required and must be worn throughout the tournament (replacement fee applies if removed).
4. Jerseys must have numbers on the back. Alternate jerseys with numbers are required.

Please return application form to:

Deidre Bryant
502 Cranberry Lane
El Dorado Hills, CA 95762
deidreb@4arc.com

****This is my home address so be certain to include my name on the envelope otherwise it could be returned.***





SALLY Games 2017
TEAM REGISTRATION FORM
Soccer Against Leukemia & Lymphoma
 Saturday, October 14, 2017, Sacramento, California

(Application **must** include fee payment and be received no later than **September 25, 2017**)
(\$485/team if paid by September 16, 2017; \$535/team if paid after September 16, 2017.

TEAM NAME _____

OTHER TEAM NAMES _____

LEAGUE _____ DIVISION _____

TEAM MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ HOME PHONE _____

E-MAIL ADDRESS _____

TEAM INFORMATION:

AVERAGE YEARS OF EXPERIENCE OF PLAYERS _____

TOURNAMENTS COMPETED IN (IF ANY) AND POSITIONS FINISHED

STANDING IN LAST SEASON LEAGUE PLAY _____

(Please include copy of league standings if available to help us in placing divisions appropriately)

UNIFORM COLORS _____

ALTERNATE UNIFORM COLORS _____

DIVISION PREFERENCE FIRST CHOICE SECOND CHOICE

*All players **must be at least 18 years old** by the date of the tournament unless otherwise specified below.*

REC A _____ _____

REC B _____ _____

REC C _____ _____

OVER 30 ★ _____ _____

★ *All players must turn 30 by December 31, 2017.*

OVER 40 ◆ _____ _____

◆ *All but 2 players must turn 40 by December 31, 2017. Two players may be between 38-40 in 2017.*

OVER 50 ☼ _____ _____

☼ *All but 2 players must turn 50 by December 31, 2017. Two players may be between 45-50 in 2017.*

OVER 60 ❖ _____ _____

❖ *All but 2 players must turn 60 by December 31, 2017. Two players may be between 55-60 in 2017. Note: this division plays with 8 players on the field.*

Please note: once your team has been confirmed, no refunds will be issued.

Team Manager's Signature: I have read the rules and understand the no refund policy.