

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** \*\*This is my home address so please include my name on the envelope\*\*

**MAILING** 502 Cranberry Lane

**ADDRESS:** El Dorado Hills, CA 95762

TOURNAMENT Deidre Bryant, Tournament Chair

**CONTACT:** deidreb@4arc.com

**APPLICATION** E-mailed or received no later than Monday,

**DEADLINE:** September 25, 2017**.**

All proceeds from the tournament are donated to the [Leukemia & Lymphoma Society](http://www.leukemia.org/) (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 Cherry Island Soccer Complex in north Sacramento

#### LOCATION: 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** **1.** ALL correspondence will be via e-mail to defray costs. Any

**NOTES:** 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.**