

PLEASE JOIN US FOR A ONE-DAY WOMEN'S SOCCER TOURNAMENT



THE 10TH ANNUAL SALLY GAMES
SOCCER AGAINST LEUKEMIA & LYMPHOMA
Kickin for a Cure

A FUNDRAISER FOR THE LEUKEMIA AND LYMPHOMA SOCIETY

SATURDAY, OCTOBER 9, 2010
CHERRY ISLAND SOCCER COMPLEX
SACRAMENTO, CALIFORNIA

We are pleased to announce the Tenth Annual Soccer Against Leukemia & Lymphoma Women's Soccer Tournament - **The SALLY Games**.



All proceeds from this tournament will be donated to The [Leukemia & Lymphoma Society](#), a national voluntary health agency whose mission is to cure leukemia, lymphoma, Hodgkins' disease and myeloma, and to improve the quality of life of patients and their families.

TOURNAMENT INFORMATION: Contact the SALLY Committee by e-mail info@sallygames.org to receive an invitation.

MINIMUM

CONTRIBUTION: [\\$375/team if paid by August 1, 2010.](#) [\\$425 if paid after August 1, 2010.](#)
A check for full fee amount is required with the application form and due by August 29, 2010. **Make checks payable to Soccer Against Leukemia & Lymphoma.**

**TOURNAMENT
ADDRESS:**

5012 South Land Park Drive
Sacramento, CA 95822

**TOURNAMENT
CONTACT:**

Pam Jones, Tournament Chair
pam@sallygames.org
(916) 261-0628

**APPLICATION
DEADLINE:**

E-mailed or postmarked no later than Saturday,
August 29, 2010

TEAM SIZE:

No less than 12 and no more than 18 players

TOURNAMENT

LOCATION:

Cherry Island Soccer Complex in north Sacramento

Maps will be provided with acceptance confirmation letter

DIVISIONS:

Based upon interest/entries, the divisions are:

Recreational A, B and C

Over 30 A and B

Over 40 (if enough interest)

Over 50 (if enough interest)

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

NUMBER OF

GAMES:

Three (3) games guaranteed.

GAME LENGTH:

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

ROSTERS:

Upon confirmation of acceptance, a signed roster will be required no later than **Saturday, September 11, 2010**. (Roster forms 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.

TEAM

CONFIRMATION:

Confirmation emails with a roster form will be emailed by Saturday, September 4, 2010. A follow-up email, including schedules, maps and other pertinent tournament details, will be emailed by September 25, 2010. **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.

OTHER NOTES:

1. All correspondence will be via e-mail to defray costs. Any team requiring a mailed application should call 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. Jerseys must have numbers on the back. Alternate jerseys with numbers are required.

Please return application forms to:

SALLY GAMES

c/o Pam Jones

5012 South Land Park Drive

Sacramento, CA 95822

(916) 261-0628

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



THE SALLY GAMES -- TEAM REGISTRATION FORM

Soccer Against Leukemia & Lymphoma

Saturday, October 9, 2010, Sacramento, California

(Application Must Include Fee Payment and be Postmarked by August 29, 2010)

TEAM NAME _____

OTHER TEAM NAMES _____

LEAGUE _____

DIVISION _____

TEAM MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ ALTERNATE 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
REC A	_____	_____
REC B	_____	_____
REC C	_____	_____
OVER 30	_____	_____
***All players must turn 30 by December 31, 2010		
OVER 40	_____	_____
****All players must turn 40 by December 31, 2010		
OVER 50	_____	_____
****All but 2 players must turn 50 by December 31, 2010. 2 players may be between 45-50.		