



2ND ANNUAL
**4 v 4 STREET SOCCER
 TOURNAMENT**

Saturday November 24th, 2007
 Waialae Iki Park • Honolulu, HI

(near Kalani High School on Kalaniana'ole Hwy)



U6 - U7 BOYS & GIRLS

Youngest player born on or before 07/31/02 - Oldest player born on or after 08/01/00
 \$20 entry fee (per player)

TEAM COMPOSITION

- ⊛ Applications must be received by 11/14/07
 - ↳ player application incomplete without payment (\$20)
- ⊛ Teams will consist of no more than 6 players
 - ↳ players will be assigned by age (u6 & u7) at random to ensure representation for each age
- ⊛ Teams will be assigned by 11/17/07
 - ↳ Players will be notified via email.

TOURNAMENT FORMAT

- ⊛ 3 field players and 1 keeper
 - ↳ Keeper may handle the ball in designated area
- ⊛ Free substitutions at anytime
 - ↳ Player must exit field prior to sub entering field
- ⊛ Each team will play 3-4 group play matches
 - ↳ Game Time: 20 min (2 x 10 min halves)
- ⊛ Top teams from groups (plus wildcards) will advance to knockout round play-offs.
 - ↳ if tied after regulation then 3 min golden goal overtime, if still tied then PKs to determine winner

PRIZES & GIVE AWAYS

Every participating player receives a tournament t-shirt and is eligible for all give aways!!

- 1st - 4th place teams receive additional prizes
 - ↳ last years included futsal balls, adidas jerseys, shoe-string backpacks, etc...

Free give aways handed out throughout the day

- ↳ various types of adidas gear, posters, items signed by pro soccer players, & much more!!

GRAND PRIZE GIVE AWAY



players must be present at tournament to win give away prizes

PLAYER INFORMATION

NAME: _____

DOB: ____ / ____ / ____ FEMALE MALE

T-SHIRT PRESENT
 SIZE : ____ CLUB : ____

CONTACT PHONE: _____

EMAIL: _____

CONSENT FORM

I certify that my child is in good physical health and has my permission to participate in all activities associated with the 4v4 Street Soccer Tournament. I acknowledge that soccer is a strenuous activity and that it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. Furthermore, I give permission for my child to be photographed for promotional purposes of the 4v4 Street Soccer Tournaments. I waive all claims of liability against the Bulls Soccer Club, its directors, employees, sponsors & associated staff members.

Signature

Printed Name

Date

Please detach & mail application with \$20 to P O Box 240277 Honolulu, HI 96824 OR return to a Bulls Team Manager