

BELLINGHAM BALLAPALOOZA
ADULT COED SOCCER TOURNAMENT
July 24-25, 2010

- LOCATION** Northwest Soccer Park 5238 Northwest Drive Bellingham, WA 98226
- AFFILIATION** W.S.S.A - All Washington players must have a current WSSA (tournament or) player card. Out of state players must have a valid player card and written permission from their State Association (permission must be received prior to the tournament). A rep. from WSSA will be available at the tournament for renewal and new card purchases until noon on Saturday.
- DIVISIONS** COED OPEN 1, 2, 3, 4, 5 OVER 30 OVER 35 OVER 40
- Players must be 18 or older. Over 30, 35, 40 division, players must turn 30, 35, 40 by end of current year. Players may only play on only one Open, one Over 30 and one Over 40 team. Tournament committee reserves the right to add, combine, or move teams in divisions without notice.
- REGISTRATION FEES** Registrations accepted on a first-come basis. *Fee is \$375.00 per team. Checks payable to Karen Hoffman
Mail to: Bellingham Ballapalooza c/o Hoffman's 2214 Woburn Street Bellingham, WA 98229
- DEADLINE** Checks must be received by **June 24, 2010** (NO refunds after this date)
*Any late registrations must send check for \$425.00. NO exceptions (no guarantee of acceptance).
- FORMAT** Guaranteed 3 games. Games consist of two 30-minute halves. A team will consist of five men / five women and a goalie of either gender. Rosters are limited to 25 players; only 18 championship shirts are awarded to first place teams. Packets/schedules will be mailed ASAP. Schedules & directions will be posted on whatcomadultsoccer.com
- LODGING** Visit Bellingham Visitors Bureau for accommodations @www.bellingham.org and click on "local lodgings". **Silver Reef Casino**, just miles from the soccer fields now has a hotel.
- TOURNAMENT INFO** Questions regarding tournament call Darrel or Susie Lutten 360-303-0074 or Paul or Karen Hoffman 360-734-1865 or email: hoffman@nas.com

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COED SOCCER TOURNAMENT APPLICATION

TEAM NAME: _____ E-MAIL: _____

TEAM REPRESENTATIVE: _____ HOME PHONE: _____

ADDRESS: _____ CELL/WORK PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEAM COLORS: _____ Last year's team name: _____

DIVISION REQUESTED: First Choice: _____ Second Choice: _____

CHOICES: Open 1 2 3 4 5 Over 30 Over 35 Over 40

Mail registration and check for \$375.00 (if postmarked after June 24, 2010 include the late fee of \$50) NO refunds after this date.
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