



The High Noon Soccer League
Proudly presents
The 19th Annual “Whole Enchilada Soccer Classic”

Dates: October 10-12, 2008. (Play on October 10th may be required for Local & El Paso teams only.)

Tournament Registration Deadline: September 12, 2008 (\$50 late fee for ALL applications RECEIVED after Deadline date.)

Entry Fees: \$275 for U9 & U10 (small-sided 5v5 + Keeper), \$300 for U11 & U12 (small-sided 7v7 + Keeper), \$350 for U11 & U12 (full-sided 11v11), and \$375 for U13 & U14 (full-sided 11v11). Make all checks and money orders payable to the High Noon Soccer League – TWESC.

Awards: Awards are given for 1st, 2nd, and 3rd place winners in each age division & flight

Sanctioning Body: NMYSA – High Noon Soccer League

Eligible Teams: Competitive, League Select, All Star, ODP, and Recreational.

Divisions: U-9 through U-14 girls and boys. The oldest rostered or loaned player will determine the age group. No older players will be allowed once the team is accepted.

Guest Players: Maximum of 3, rosters limited to 12 maximum for U9 & U10, 14 for U11 & U12 small-sided, 18 for U11 and above full-sided.

Format: USYSA Rules, 3-point scoring system, three games guaranteed. One point will be deducted for each red card issued to either a player or coach. Under no circumstances will a red-carded player or coach be allowed to participate in the following game. Coaches will be held responsible for the conduct of their team's players, parents, and supporters. Misconduct on the part of any player, coach or parents will be reported to the Home, State and Club associations. No appeals or protests will be accepted. The HNSL supports a Zero Tolerance Policy at all times.

Credentials:

US Youth Soccer procedures and FIFA travel procedures must be followed. The following documentation is required for entry into the tournament:

State Approved Team Roster

- Membership Forms
- Laminated 2008/09 USYSA or AYSO Player and Coach Pass cards, or appropriate National Association Passes
- Travel Papers obtained and signed by your State or National Association (one copy mailed to the Tournament Director)
- Medical authorizations for all players will be required at registration and maintained at the field during play
- Loan/Guest Player Forms (fully executed) for each guest player
- ALL PLAYERS MUST HAVE PROOF OF BIRTH.



Check-in: October 9th for ALL local teams and October 10th for all other teams.

Check-in will be held at the tournament host hotel: Springhill Suites, 1611 Hickory Loop, Las Cruces, NM, 88005.

Tournament Address:

HNSL – TWESC

Michele Hollomon – HNSL Tournament Director

1485 N. Main, Suite C.

Las Cruces, NM 88005

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS.



**The 19th Annual “The Whole Enchilada Soccer Classic”
October 10-12, 2008
Tournament Application**

Please type or Print:

Team Name: _____ Club Affiliation: _____

Age Group: U9, U10, U11, U12, U13, U14 (circle one) Girls____ Boys ____

For U11 & U 12 Teams: Small-sided (8 v 8) ____ Full-sided (11 v 11) ____

Age year of oldest player: _____

Affiliation: State _____ League _____

Uniform Colors: Jersey _____ Alt. Jersey _____ Shorts _____

Contact Name _____ Coach _____ Manager _____

Address _____

City _____ State _____ Zip _____

Phone: Hm _____ Cell _____ Fax _____ E-mail _____

Coach Name _____

Address _____

City _____ State _____ Zip _____

Phone: Hm _____ Cell _____ Fax _____ E-mail _____

Mail application, roster and check for appropriate amount payable to High Noon Soccer League - TWESC to:

HNSL - TWESC
1485 N. Main Suite C
Las Cruces, NM 88005

Tournament Director: Michele Hollomon

- Tournament Line: 505-523-0261 or 505-640-3614
- Tournament Fax: 505-523-4335, Attn: TWESC
- Tournament Web Site: <http://www.zianet.com/soccerlc/>
- E-Mail Address: wholeenchilada@zianet.com

OFFICIAL TOURNAMENT USE ONLY

Date Rcvd: _____ Roster _____
Check # _____ Travel Papers _____
Amount: \$ _____

The Whole Enchilada Soccer Classic

Flighting Information

Thank you for your application to the 19th Annual Whole Enchilada Soccer Classic. In order that teams are bracketed properly, all coaches **MUST** fill out the following information, and **return this form with your application**. Providing this information will assist in proper bracketing of teams.

Club Name: _____ Team Name: _____ Team Age/Sex _____

Coach Name: _____ Phone: H-() _____ Cell-() _____

Coach e-mail _____ **(all teams must list an e-mail contact)**

How does your team rank within the age group of your league? _____

How does your league compare to others within your area? _____

Did you participate in the Whole Enchilada Classic last year? If so, list flight and finish _____

Please give us any other information about your team that would aid in placing you in the proper flight (You may use the back or attach a separate page.)

League Win/Loss Records

Spring 2008: Competitive _____ Recreational _____ League Name _____

Results of Most Recent games in League Play:

Opponent/Spring 2008	Score	Win/Loss
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

2007/2008 Tournament Record

(include State Cup if applicable)

Tournament/Date	Flight	Wins	Losses	Ties	Finish
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

The 19th Annual “The Whole Enchilada Soccer Classic” Player Roster Form

Team Name: _____ Club Affiliation: _____

Age Group: U9, U10, U11, U12, U13, U14 (circle) Girls _____ Boys _____ Small-sided _____ Full-sided _____

Coach: 1: _____ Phone: _____ E-Mail: _____

Asst. Coach: 2: _____ Phone: _____ E-Mail: _____

Manager: _____ Phone: _____ E-Mail: _____

Player Name	Player ID # (optional)	Player Birth Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

Note: A Club/League roster may be substituted for the list above

Waiver of Liability and Roster must be signed and accompany Application

We, the undersigned representative of the participating team, to induce the High Noon Soccer League to accept this team registration and permit this team’s participation in The 19th Annual Whole Enchilada Soccer Classic 2008 Tournament, do agree to release, indemnify, and hold harmless the High Noon Soccer League, the City of Las Cruces, and the High Noon Soccer Tournament Complex, officials, administrators, sponsors, coaches, referees, and/or representatives from any and all liability from any claim arising out of any injury, or damage to person, property, or economic interests connected with or arising out of any action taken by them in good faith, or out of any failure to act. We also recognize and acknowledge that adverse weather or other acts of God occur and we will accept the decisions regarding playability of facilities without objection, appeal or compensation whatsoever. We hereby release all persons or entities mentioned above from any and all liability for direct or consequential damages resultant from said judgment. We certify that each player on the roster is covered by an approved medical insurance plan as required for youth sports. I further certify that by signing below I have read and acknowledge receipt of all the information in this invitation and understand its content.

Coach or Manager Signature: _____

Name Printed: _____ Date: _____

Email Address: _____