

The CNY Family Sports Centre
 7201 Jones Road
 Syracuse, NY 13209
 Phone: (315) 638-8866
 Fax: (315) 638-2882
 www.cnyfsc.com

1492 Cup



Tournament Director
 Jeff Knittel
 Contact Information
 Phone: (315) 638-8866
 Fax: (315) 638-2882
 Email: jeffknittel@hotmail.com

Age Group	Fees	Games	Day of Week	Date	Game Times	# of Players w/ Keeper
U9 Boys	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	7v7
U9 Girls	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	7v7
U10 Boys	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	7v7
U10 Girls	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	7v7
U11 Boys	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	9v9
U11 Girls	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	9v9
U12 Boys	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	9v9
U12 Girls	\$225	60 Minute Games	Monday	October 12th	8:00am-5:00pm	9v9

Team Application 1492 Tournament Registration Form

Team Name: _____ Age Group: _____

Contact Name: _____ Contact Email: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact: _____

Alternate Contact Home Phone: _____ Alternate Contact Cell Phone: _____

Credit Card (only if paying with credit card)

Visa _____ MasterCard _____ Discover _____ American Express _____

Expiration Date: _____ CVC2 Code: _____

I as the team Manager/Coach agree to have my credit card used for the purpose of insuring payment of league fees. I understand that if my team had not paid the full amount of league fees by our third game, my card will be billed for the balance of the fees.

Card Holder Name: _____

Card Holder Signature: _____

Please sign up your team(s) by Monday October 5th with a \$50.00 Deposit
 Email or Fax form to Jeff Knittel at (315) 638-2882 or jeffknittel@hotmail.com

October 12th, 2009