



Karen Grenager, Administrator
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Date: May 10, 2010

To: All Select & Classic BSL Spring League Teams, Club Presidents, Club Registrars & Referees

RE: Montana State Championship Cup
Great Falls June 17-20, 2010

Meeting Headquarters:

Where: Holiday Inn Great Falls
400 10th Ave South
Great Falls ph# 727-7200

Team Credential Check-in

Who: All team's medical releases/passes * see instructions on page 2
When: Received by MYSA Office **NO LATER THAN June 16**
Where: Mail to: PO Box 386, St. Regis, MT 59866

Mandatory Referee Meeting

When: Thursday June 17, 2010
Time: 7:00-8:30pm

Mandatory Coaches Meeting

When: Thursday June 17, 2010
Time: 8:30pm
Who: All coaches and assistant coaches.

Credentials & Check-in:

Each participating CLUB will **MAIL** the following to the MYSA Office.

In one box per club a USPS flat rate medium flat box

Each team's official roster, medical releases, passes, and the team locator information form each in a separate 10x14 manila envelope. The envelope should be label with team age division and club.

The club will need to mail the package so that arrival at the MYSA Office is prior to 6/17/10.

The team manager will pick up the roster, medical releases and passes at Tournament Hotel Headquarters after 7:00pm on Thursday, June 17, 2010 or at Seibel Soccer Fields Headquarters 2 hours prior to their first game.

Randomly the State Registrar will be requesting of clubs that for a selected team, documentation of DOBs will need to be included in the team's credentials packet. Clubs will be notified by June 3, 2010 if they need to include copies of birth certificates or other approved documents of DOB.

Fields: Seibel Soccer Complex

Field headquarters, concessions, trainers, MYSA administrators and referee headquarters will all be located at Seibel Soccer Complex.

Schedule: Go to view the final schedule <http://www.gotsport.com/events/?eventid=8621>

Other information: No dogs or other pets are permitted at the SOCCER fields on or off a leash.

Tobacco Free Zones – all of the SOCCER fields, including parking areas, are considered smoke-free/tobacco-free.

If you have questions prior to the tournament, please use the contacts below. We ask that the club president be the one contact person for all teams within the club, to any of the people listed below, in order to expedite the process and keep telephone calls and emails at a minimum for everyone.

MYSA Director of Competition
Mike Meloy meloylaw@qwest.com

MYSA Scheduler
Scott Brown directkick1@bresnan.net

State Youth Referee Administrator
Florian Cortese florcortese@gmail.com

MYSA Scheduler
Scott Johnson soccer@globalnetinc.us

MYSA Registrar
Marcia Armstrong m_armstrong@bresnan.net

Administrator
Karen Grenager, momsocc@aol.com
649-6283/550-3499/274-2428



Team Locator Information Form

One form must be included in every team packet. The information needed below is for each coach and manager, where they can be contacted locally during the tournament, 24 hours per day.

PRINT

Club _____ Division U- _____

Team # _____ Boys Girls

Coach Name _____

Hotel Name _____

Hotel telephone number _____

(or local number) _____

Cell Phone _____

Team Manager Name _____

Hotel Name _____

Hotel telephone _____

(or local number) _____

Cell Phone _____

Thank you.

MYSA Tournament Administrator

Karen Grenager

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