

# REQUEST FOR INVITATION TO PARTICIPATE



## FIFTH INTERNATIONAL AMATEUR SOCCER TOURNAMENT -- THE CHALLENGE FOR THE TIFFANY TROPHY CUP

**Location:** Washington, DC USA  
**Tournament Dates:** April 16-24, 2011  
**Age Division:** U-17  
**Gender Division:** Boys

**Team Name** \_\_\_\_\_ **Country** \_\_\_\_\_

As Club President and Head Coach, the undersigned confirm our request for an invitation for our team to participate in the 2011 Tiffany International Cup Tournament. We also confirm the information provided below and our club/team's ability and willingness to comply with the Tournament Application requirements and Tournament Rules.

### I. TEAM INFORMATION

Club Name \_\_\_\_\_ Team Name \_\_\_\_\_

Team City \_\_\_\_\_ Team State/Province \_\_\_\_\_ Team Country \_\_\_\_\_

Name of State/Province/Country Soccer Association \_\_\_\_\_

Mailing Address of State/Province/Country Soccer Association \_\_\_\_\_

Email Address of State/Province/Country Soccer Association \_\_\_\_\_

Telephone Number of State/Province/Country Soccer Association \_\_\_\_\_

### ***Official Team Contacts – Team Manager for the Tournament***

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Official Team Contacts – Head Coach

Title\_\_\_\_\_ First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State/Province\_\_\_\_\_ Country\_\_\_\_\_

Day Phone\_\_\_\_\_ Evening Phone\_\_\_\_\_ Mobile Phone\_\_\_\_\_

Fax Phone\_\_\_\_\_ Email Address\_\_\_\_\_

## II. LODGING CONTACT

Title\_\_\_\_\_ First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State/Province\_\_\_\_\_ Country\_\_\_\_\_

Day Phone\_\_\_\_\_ Evening Phone\_\_\_\_\_ Mobile Phone\_\_\_\_\_

Fax Phone\_\_\_\_\_ Email Address\_\_\_\_\_

## III. NATIONAL TEAM PLAYERS ON ROSTER (Not applicable to National Teams)

Please list the names, positions and dates for players who were on the active roster for their national team's matches or who were invited to train with their national team.

	NAME	POSTION	YEAR
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

## IV. Confirmation of Understanding of Important Tournament Rules and Prerequisites:

**\* Please check each box below to confirm your Team's understanding of and agreement to the following, important rules and prerequisites.**

- The Tournament Application Fee is US\$2,000.00 (waived for teams based outside USA)
- Teams based more than 100 miles from the Capitol Building in Washington, DC USA must obtain lodging, meals and transportation through Tournament Administration.
- All teams must have current, picture identification cards or validated player passes and roster issued by their league unless exempt pursuant to the Tournament Rules.
- My team is responsible for reviewing, understanding and obeying all Tournament Rules.
- The following documents will be required from all invited teams:
  - a. Club/Team Waiver & Release
  - b. Player Waiver & Release for each registered Player, signed by parents or guardians
  - c. copies of official Player Passes/Identification Cards for all registered Players
  - d. Team Roster with names and game shirt numbers of all registered Players
  - e. for Teams based outside the USA, copies of issue, expiration and picture pages of passports of all register Players and coaches and other staff accompanying the team to Tournament
  - f. original letter from Team's State/Province/Country League authorizing team participation in and travel to the Tournament, unless exempted by the rules

Send this Request for Invitation to Participate, by MAIL to:

Tiffany International Cup Tournament  
International Amateur Sports Inc.  
Suite 810  
1155 Fifteenth Street, NW  
Washington, DC 20005

Please do NOT use a delivery method that requires a signature by the person receiving the package because the office is not staffed during all regular business hours and that delivery method may delay processing your request.

Also, when you mail this request, please email an electronic, color media version of the Team logo to: [info@InternationalAmateurSports.com](mailto:info@InternationalAmateurSports.com)

## V. Questions

Please submit any questions regarding Tiffany International Cup Tournament application or registration here:

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## VI. Authorized Signatures

Date \_\_\_\_\_, 201\_\_

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Club President's Signature

Print Name

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Team Head Coach's Signature

Print Name