



*The*

# SOCCER



# Institute

**THE FRIENDSHIP CUP TOURNAMENT...**  
**a unique weekend adventure for your soccer team!**  
*It's a 4 game tournament... and an all-inclusive residential weekend camp too!*

Hosted at The Soccer Institute (TSI), located in scenic Geauga County, just 38 miles east of Cleveland.

## FRIENDSHIP CUP TOURNAMENT:

**Limited to four teams per weekend** to reside at TSI for the tournament. Camp activities will promote development, sportsmanship, team building and friendships. **All-inclusive rate of \$150 per player** includes weekend lodging in air conditioned cabins, meals, tournament fees, and camp activities; swimming, campfires, movies, Xbox, hiking, and more!  
 Check in Friday at 6 pm and check out Sunday at 4 pm.

- ⚽ It's a **TOURNAMENT**
- ⚽ It's a **TEAM BUILDING**...sleep over party!
- ⚽ It's a **CAMP**...with swimming, fishing, horseback riding, campfires, and other fun activities!
- ⚽ It's **FUN** and **FRIENDLY**...all-inclusive Tournament & Camp ...with meals and lodging for just \$150 per player.

*Individuals can sign-up for tournament if their team can't attend...and will be placed on a "World Team" for games.*

### Friendship Cup Tournament Dates:

U10-U11 Girls: June 25-27    U12-U14 Girls: July 23-25  
 U10-U11 Boys: July 9-11    U12-U14 Boys: Aug 6-8

**\*\*Tournament Open to Teams and Individuals**

**17445 Huntley Rd. • P.O. Box 340 • Huntsburg, OH 44046**  
**440.708.6053 • www.TheSoccerInstitute.com**

## Register Today... Enrollment is Limited!



Register by: Phone 440-708-6053 • Fax 440-435-2020 • Make checks payable to: The Soccer Institute.  
 Mail completed form with payment to: The Soccer Institute • P.O. Box 340 • Huntsburg, OH 44046.



Player's Name \_\_\_\_\_ Team Name (If Applicable) \_\_\_\_\_

Age Group:  Boys  Girls  U10  U11  U12  U13  U14  Travel Team  Premier Team D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Cost  \$150 per player: includes meals and lodging at TSI    Amount Enclosed \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ 3 Digit Code on Back \_\_\_\_\_

\*Medical / Liability Waiver: By signing below, I give permission for my child to participate in the program and assume all liability for injury to person or property while at TSI.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Team Registration:** Coach's Name/Phone \_\_\_\_\_ Team Name \_\_\_\_\_

Boys  U10  U11  U12  U13  U14    Girls  U10  U11  U12  U13  U14     Travel Team     Premier Team  
 (Please enclose a player roster including each player's date of birth.)