



YMCA Spring Classic Soccer Tournament



- OBJECTIVE:** To provide YMCA Recreational teams two extra games. It is not designed to be highly competitive setting for players. We strive for fun, fellowship and good sportsmanship.
- FOR:** Grades 1st – 4th YMCA Recreational Soccer Teams.
- FORMAT:** Teams are divided into either: 4 team bracket or 3 teams for pool play. Each team will play 2 games.
- DATE:** **Saturday, June 1, 2024**
- LOCATION:** Wright Park (West Pioneer Blvd & Folsom St)
- ENTRY FEE:** \$90.00 per team
* A \$25.00 fee will be retained if the tournament is cancelled because of weather.
- DEADLINE:** **May 16, 2024** by 5:00 p.m.
Any changes to the roster after deadline must get approval from tournament director.
- TEAMS:** No Spirit League or try-out teams are allowed. Players may only play on one team.
- RULES:** Normal YMCA recreational rules will apply. All players must play equal time.
- BRACKETS:** Bracket information will be posted on May 20, 2024 after 12:00pm at ymcalincoln.org/youth
- MEDALS:** Awarded to 1st & 2nd place teams.
- DIRECTOR:** Claire Cantwell 402-434-9216 or ccantwell@ymcalincoln.org
- CANCELLATION:** Call the weather/cancellation line at **402-434-9211** for tournament status on game day. Tournament will not be rescheduled if cancelled.



2024 YMCA Spring Classic Tournament

Team Name _____ Boys ____ Girls ____ Grade _____
 Coach _____ Phone # _____
 Address _____ Email _____
 City _____ State ____ Zip _____

Players Names

| | | |
|----------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. _____ | 8. _____ | 14. _____ |
| 3. _____ | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | |
| 5. _____ | 11. _____ | |
| 6. _____ | 12. _____ | |

Please Rate Team (Circle one)
 (Weak) 1 2 3 4 5 (Strong)
 Season Record _____
 Comments on Team _____

Return Form with Payment to:
 YMCA—Spring Classic Tournament
 570 Fallbrook Blvd. Suite 210
 Lincoln, NE 68521
Deadline: May 16, 2024 by 5:00 pm

To pay by Credit Card: MC ____ Visa ____ Disc ____ AmEx ____
 Card Number: _____
 Exp. Date: _____ CVC _____ Amount Charged \$ _____
 Card Holder's Signature: _____