



4v4 Slug-Fest

U-8, U-10, U12, U14
Winter Jamboree

All Proceeds to Benefit the UCSC Men's Soccer Program

All Coaches and Players are invited to attend the most fast paced, exciting and fun-filled event of the season!

What: Each team will play 4 games. Games = 20 min. (no half-time) Field = 25 yd. X 40 yd.

Who: All U-8, U-10, U-12, U-14 Rec Teams & U-9, U-10, U-12, U-14 Comp Teams

When: Saturday, December 13th

Sign-up by November 1st for discounted registration

Where: UCSC Soccer Fields (Lower East)

Cost: Cost is \$100 per team for registration between November 1st and December 1st.
Teams registering before November 1st pay \$80 per team.
Teams registering after December 1st pay \$120 per team.

It's Easy to Form Teams and Join the Fun:

- Make one or two teams of 4-6 players (make up your own names!)
- Simple playing rules apply
- No official scores kept

**UCSC's nationally-ranked men's team players
will be Referees and Player Mentors**

FOOD CONCESSIONS AVAILABLE ON SITE

Coaches: For Information call or e-mail Dan at 459-3211 or dchamber@ucsc.edu





4v4 Slug-Fest

Team Application

(circle) Rec Division: U-8 / U-10 / U-12 Boys / Girls
Comp Division: U-9 Dev. / U-10 / U-12 / U-14

Team Name _____
Coach _____
Primary Contact _____
Address _____
Phone(s) _____
E-mail _____

Parent or Guardian Read This

I hereby authorize the UCSC Slugfest 4v4 Jamboree staff to act for me according to their best judgment in an emergency requiring medical attention, and I hereby release the Jamboree from any and all liability for any physical injuries or illness that may occur to the above named player at the UCSC Slug- fest 4v4 Jamboree. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the UCSC Slugfest 4v4 Jamboree as it is described in this flier. My signature on this waiver also states that the above named player is covered by my personal medical insurance policy.

TEAM 1 Team Name _____

	Player's Name	Parent or Guardian Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

TEAM 2 Team Name _____

	Player's Name	Parent or Guardian Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

**All proceeds are donations to the UC Santa Cruz Men's Soccer Program
Please mail completed form and check(s) for made out to
"UC Regents"**

Mail To: Men's Soccer, OPERS, 1156 High St. Santa Cruz, CA 95064

