

# **QAS 4th ANNUAL 3V3 SOCCER TOURNAMENT THE KNIGHTS' CRUSADE!**



This is a 3 v 3 soccer game on smaller fields utilizing PUGG goals. No goalies are allowed for this style of play. Small sided games are great teaching tools for player development, emphasizing the passing game and ball handling skills. Teams are limited to 6 players, but 5 is suggested. Register for the grade your team will be attending in the Fall 2014.

We are continuing to grow and we expect a great response this year. Coordinate your teams early.

***DON'T MISS OUT THIS YEAR!***

Visit [qasaa.org](http://qasaa.org) on the web for rules

Please plan on bringing your tents as we will have room to set up for the day. No outside food or drink is allowed and dogs are welcome at our facility.

Tournament Schedule:    Friday July 25, 2014 5pm—10:30pm  
                                     Saturday July 26, 2014 8am—10:30pm  
                                     Sunday July 27, 2014 1:30pm—10pm  
**6603 Christopher Rd, Oakville MO 63129**

FOR MORE INFORMATION CONTACT  
**Matt Cappello AT [mscapp111@gmail.com](mailto:mscapp111@gmail.com)**



# QAS 4th ANNUAL 3V3 SOCCER TOURNAMENT



Team Name: _____	Gender (Circle One):    Male                      Female
Competitive Level:    Recreational              Club (Circle One)	Grade In Fall (Circle One) 1    2    3    4    5    6    7    8

Tournament Dates:                      Friday, July 25<sup>th</sup> - Sunday, July 27<sup>th</sup>

Location:                                      Queen of all Saints  
6603 Christopher Rd.  
Oakville MO 63129

Entry Fee:                                      1<sup>st</sup> & 2<sup>nd</sup> Grade - \$100 per Team  
(For 3 games plus shirt for each player)    3<sup>rd</sup> thru 8<sup>th</sup> Grade - \$125 per Team

Entry Deadline:                              July 11<sup>th</sup>

## Team Roster (max 6 players per team)

Player Name	Grade In Fall	Shirt Size (Circle One)					
		YS	YM	YL	AS	AM	AL
		YS	YM	YL	AS	AM	AL
		YS	YM	YL	AS	AM	AL
		YS	YM	YL	AS	AM	AL
		YS	YM	YL	AS	AM	AL
		YS	YM	YL	AS	AM	AL

Coach Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Pay online at [www.qasaa.org](http://www.qasaa.org) & email this form to [mscapp111@gmail.com](mailto:mscapp111@gmail.com)