



Karen Grenager, Administrator  
649-6283 ofc or 274-2428 cell  
[momsocc@aol.com](mailto:momsocc@aol.com)

**Date:** April 26, 2010

**To:** All AA (Premier) Spring League Teams, Club Presidents, Club Registrars & Referees

**RE:** National Championship Series: Regional Qualifying Tournament  
Billings, MT May 28-30, 2010

**Meeting Headquarters:**

**Where:** Holiday Inn Grand Montana, Billings  
5500 Midland Road  
Billings, MT  
406 248 7701

**Team Credential Check-in**

**Who:** All team's medical releases/passes \* see instructions on page 2  
**When:** Received by Marcia Armstrong **NO LATER THAN MAY 26**  
**Where:** Mail to: PO BOX 9, Helena, MT 59601

**Mandatory Referee Meeting**

**When:** Friday, May 28, 2010  
**Time:** 7:00-8:30pm

**Mandatory Coaches Meeting**

**When:** Friday, May 28, 2010  
**Time:** 8:30pm  
**Who:** All coaches and assistant coaches.

**Credentials & Check-in:**

Each participating CLUB will **MAIL** the following to the State Registrar, Marcia Armstrong

In one box per club a USPS flat rate medium flat box

Each team's official roster, medical releases, passes, and the team locator information form each in a separate 10x14 manila envelope. The envelope should be label with team age division and club.

**The club will need to mail the package so that arrival with Marcia is prior to 5/27/10.**

The team manager will pick up the roster, medical releases and passes at Tournament Hotel Headquarters after 7:00pm on Friday 5/28/10 or at Amend Field Headquarters 2 hours prior to their first game.

Randomly the State Registrar will be requesting of clubs that for a selected team, documentation of DOBs will need to be included in the teams credentials packet. Clubs will be notified by May 3, 2010 if they need to include copies of birth certificates or other approved documents of DOB.

**Fields:** see attached maps

Field headquarters, concessions, trainers, MYSA administrators and referee headquarters will all be located at Amend Soccer Park.

**Schedule:** Go to <http://www.gotsport.com/events/?eventid=7653> to view the final schedule.

**All First Place teams:**

**Must be available post final games for the FWR credentialing. New Passes and rosters will be made and signed. Teams will NEED new current photos for each player, coach and manager for the new passes or have a current photo uploaded on Got Soccer. Teams will report back to Tournament Headquarters at the Amend Fields as a group to have these processed.**

**Other information: No dogs or other pets are permitted at the SOCCER fields on or off a leash.**

**Tobacco Free Zones – all of the SOCCER fields, including parking areas, are considered smoke-free/tobacco-free.**

If you have questions prior to the tournament, please use the contacts below. We ask that the club president be the one contact person for all teams within the club, to any of the people listed below, in order to expedite the process and keep telephone calls and emails at a minimum for everyone.

MYSA Director of Competition  
Mike Meloy [meloylaw@qwest.com](mailto:meloylaw@qwest.com)

MYSA Scheduler  
Scott Brown [directkick1@bresnan.net](mailto:directkick1@bresnan.net)

State Youth Referee Administrator  
Florian Cortese [florcortese@gmail.com](mailto:florcortese@gmail.com)

MYSA Scheduler  
Scott Johnson [soccer@globalnetinc.us](mailto:soccer@globalnetinc.us)

MYSA Registrar  
Marcia Armstrong [m\\_armstrong@bresnan.net](mailto:m_armstrong@bresnan.net)

Administrator  
Karen Grenager, [momsocc@aol.com](mailto:momsocc@aol.com)  
649-6283/550-3499/274-2428



**Team Locator Information Form**

One form must be included in every team packet. The information needed below is for each coach and manager, where they can be contacted locally during the tournament, 24 hours per day.

PRINT  
Club \_\_\_\_\_ Division U- \_\_\_\_\_  
Team # \_\_\_\_\_ Boys Girls

Coach Name \_\_\_\_\_

Hotel Name \_\_\_\_\_

**Hotel telephone number** \_\_\_\_\_

(or local number) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Team Manager Name \_\_\_\_\_

Hotel Name \_\_\_\_\_

Hotel telephone \_\_\_\_\_

(or local number) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Thank you.  
MYSA Tournament Administrator  
Karen Grenager  
649-6283 or cell 274-2428