



Please Type or Print Clearly - Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 2<sup>nd</sup> Annual Cheney 3v3 Shootout Website URL: www.stormfc.org  
 Hosting Organization STORM F.C. Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization JOE HOLLAND Title President Phone (509) 482-3517 W  
 Address S. 8017 Strawberry Email storm3v3@yahoo.com Phone (509) 455-8166 H  
 City Cheney State WA Zip Code 99004 Phone (509) 482-1792 FAX  
 State Association or Affiliate WSYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Ewa, Cheney, WA. **TEAM ENTRY DEADLINE:** July 13, 2009  
 Date(s) of Tournament or Games July 25 and 26, 2009 Estimated # of Teams 100  
 Tournament or Games Director or Contact Person JOE HOLLAND Phone (509) 482-3517 W  
 Address S. 8017 Strawberry Email storm3v3@yahoo.com Phone (509) 455-8166 H  
 City Cheney State WA Zip Code 99004 Phone (509) 482-1792 FAX

Age Groups Accepted	Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-8 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	24 min	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-9 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-10 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-11 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-12 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-13 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-14 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-15/16 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-17/19 8/11	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U-15/19 8/11	Coed 3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	" "	" "	3	<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>

\*List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT** - Open only to members of US Youth Soccer and its State Associations.  
 Team will be restricted to teams within the state association  Teams will be invited from all US Youth State Associations/Affiliates only.  
 **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: \_\_\_\_\_  
 International Teams as listed: \_\_\_\_\_

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization

Joseph F. Holland

Date 11/14/08

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 3/16/09

By [Signature]

Title VP Camp