



Please Type or Print Clearly - Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Fwu Blast off Girls/Boys Website URL: www.federalwaysoccer.com  
 Hosting Organization Federal Way United Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Perry Woodford Title Fwu Vice President Phone 253 657-6744 W  
 Address 25219 43rd Pl S. Email pwoodford@jps.net Phone 253 941-0638 H  
 City Kent State WA Zip Code 98032 Phone ( ) \_\_\_\_\_ FAX \_\_\_\_\_  
 State Association or Affiliate WSYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games City of Federal Way TEAM ENTRY DEADLINE: July 1, 2009  
 Date(s) of Tournament or Games Girls- July 31, Aug 1&2 / Boys- July 7, 8, 9 Estimated # of Teams 160  
 Tournament or Games Director or Contact Person Perry Woodford Phone 253 657-6744 W  
 Address 25219 43rd Pl S. Email pwoodford@jps.net Phone 253 941-0638 H  
 City Kent State WA Zip Code 98032 Phone ( ) \_\_\_\_\_ 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- 11 8/1/ 98	51, 52, 53, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60 min	9	<input checked="" type="checkbox"/>	3	390	<input type="checkbox"/>
U- 12 8/1/ 97	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	60 min	11	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 13 8/1/ 96	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	prelim 60 Final 70	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 14 8/1/ 95	52, 53, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	↓	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 15 8/1/ 94	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	prelim 60 Final 80	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 16 8/1/ 93	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	↓	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 17 8/1/ 92	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	prelim 70 Final 90	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 18 8/1/ 91	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	↓	↓	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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.  
 UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: WSYSA, OYSA, IYSA, USYSA, YMCA, AYSO  
 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

Perry Woodford

Date 30 Jan 2009

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 2/16/09

By [Signature]

Title VP Camp