



A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Kent Cornucopia Cup Website URL: www.southcountyfc.org
 Hosting Organization KYSA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Wayne Jensen Title President Phone 425 229 2477
 Address 17033 157th Ave SE Email president@kyasa.org Phone 425 830 9182
 City Renton State WA Zip Code 98058 Phone () _____ FAX _____
 State Association or Affiliate WSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Kent Park + surrounding Area TEAM ENTRY DEADLINE: JUNE 15, 2009
 Date(s) of Tournament or Games July 9-12, 2009 Estimated # of Teams 100-125
 Tournament or Games Director or Contact Person Charlene Schibalski Phone () 253 631 8013
 Address 12541 SE 232nd St Email DKR98@gmail.com Phone () 253 218 8385
 City Kent State WA Zip Code 98031 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	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15MX	Open	60min	9	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-12 8/1/ 97	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18MX	"	60min	11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-13 8/1/ 96	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"	"	90min	11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-14 8/1/ 95	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"	"	70min	11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-15 8/1/ 94	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"	"	80min	11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-16 8/1/ 93	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"	"	80min	11	<input checked="" type="checkbox"/>	4	\$450	<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"/>
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.
- 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

Wayne Jensen

Date 1/14/08

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 2/15/09

By

[Signature]

Title

VP Comp