



A Proud Member of US Soccer
 Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games KICK IN THE GRASS Website URL: WWW.TUMWATERSOCCERCLUB.ORG
 Hosting Organization TUMWATER SOCCER CLUB Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ANNA DACZKO Title PRESIDENT Phone () _____ W
 Address PO BOX 686 Email _____ Phone () _____ H
 City DuPont, State WA Zip Code 98327 Phone () _____ FAX
 State Association or Affiliate WSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games TUMWATER TEAM ENTRY DEADLINE: JUNE 18, 2010
 Date(s) of Tournament or Games JULY 16, 17, & 18, 2010 Estimated # of Teams _____
 Tournament or Games Director or Contact Person RANDY SANFORD Phone () _____ W
 Address 7049 SOUTHWICK CT SW Email DIRECTOR@KITY@COMCAST.NET Phone () _____ H
 City TUMWATER State WA Zip Code 98512 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/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	N/A	60 min	9	<input checked="" type="checkbox"/>	3	400 ⁰⁰	<input type="checkbox"/>
U- 12 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 13 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 14 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 15 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 16 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 17 8/1/	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	N/A	60	11	<input checked="" type="checkbox"/>	3	425 ⁰⁰	<input type="checkbox"/>
U- 18 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.

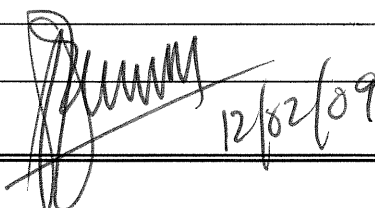
Signature of Designated Official of Hosting Organization



Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By  12/02/09 Date _____ Title _____