



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: SKagit Labor Day Kick Website URL: www.nwunited.org  
 Hosting Organization: SKUJSA Type of Tournament:  Selected  Recreational  Select & Rec  
 Designate Official of Hosting Organization: Marco Soto Title: President Phone: 360 257-7914  
 Address: 11276 Michael Place Email: marco54@comcast.net Phone ( ) \_\_\_\_\_ H  
 City: Burlington State: WA Zip Code: 98233 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate: WJSA Guest Referees Applications Accepted:  Yes  No  
 Location of Tournament or Games: Burlington Washington TEAM ENTRY DEADLINE: August 15, 2009  
 Date(s) of Tournament or Games: September 5-7, 2009 Estimated # of Teams: 100  
 Tournament or Games Director or Contact Person: Chuck LaMay Phone: 360 424-8310W  
 Address: 13499 Avon Allen Rd. Email: clamay@comcast.net Phone ( ) \_\_\_\_\_ H  
 City: Mount Vernon State: WA Zip Code: 98273 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	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60 min.	9	<input checked="" type="checkbox"/>	3	\$375	<input type="checkbox"/>
U-12 8/1/ 97		<input type="checkbox"/>	<input type="checkbox"/>	18	4		11	<input type="checkbox"/>		\$425	<input type="checkbox"/>
U-13 8/1/ 96		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-14 8/1/ 95		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-15 8/1/ 94		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-16 8/1/ 93		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-17 8/1/ 92		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-18 8/1/ 91		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-19 8/1/ 90		<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: US Club  
 International Teams as listed: Canadian

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

Marco Soto

Date 1/27/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer Date 3/16/09

By

[Signature]

Title

VP Camp