



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games South Mason Kickoff Website URL: www.smysc.org
 Hosting Organization South Mason Youth Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Vicky Bloomfield Title President Phone () _____ W
 Address P.O. Box 2273 Email bloomfield_vicky@hotmail.com Phone () 360-426-2757 H
 City Shelton State WA Zip Code 98584 Phone () _____ FAX
 State Association or Affiliate Foothills Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Shelton, Washington **TEAM ENTRY DEADLINE:** 8/7/09
 Date(s) of Tournament or Games August 14,15,16, 2009 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Donald Dean Phone () _____ W
 Address 718 Euclid Email drdeanclan@comcast.net Phone () 360 432-9127 H
 City Shelton State WA Zip Code 98584 Phone () 360 426-9605 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/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60 min	9	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 12 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 13 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 14 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 15 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 16 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 17 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 18 8/1/ 09	Rt/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 19 8/1/ 09	RT/S3*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 Min	11	<input checked="" type="checkbox"/>	3	\$325	<input type="checkbox"/>
U- 8/1/	No State League Teams	<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

Vicky Bloomfield

Date 2-15-09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 3/5/09

By *[Signature]*

Title VP Competition