



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 SUMMER SLAM Website URL: WWW.VANCOUVERUNITED.COM  
 Hosting Organization VANCOUVER UNITED Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization ROB WILSON Title CHAIRMAN Phone ( ) \_\_\_\_\_ W  
 Address 3420 NW 23<sup>RD</sup> AVE Email ROB-SOCCER@COMCAST.NET Phone 971 998-7298 H  
 City VANCOUVER State WA Zip Code 98607 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate WYS Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games VANCOUVER, WA TEAM ENTRY DEADLINE: JULY 31, 2009  
 Date(s) of Tournament or Games AUGUST 14, 15, & 16 Estimated # of Teams 65  
 Tournament or Games Director or Contact Person John Samuel Phone 360 699-4403 W  
 Address 6501 NE 224<sup>TH</sup> AVE Email JSPMIS@MSH.COM Phone 360 260-4819 H  
 City VANCOUVER State WA Zip Code 98632 Phone 360 699-4485 FAX  
 (360) 518-4253 CELL

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	S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		60	9	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-12 8/1 97		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-13 8/1 96		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-14 8/1 95		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-15 8/1 94		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-16 8/1 93		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-17 8/1 92		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" type="checkbox"/>
U-18 8/1 91		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3	425	<input checked="" 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

Rob Wilson

Date

1/7/09

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date

3/5/09

By

[Signature]

Title

VP Camp