



**US Youth Soccer**  
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 WENATCHEE APPLE ~~LEAGUE~~ CUP Website URL: WWW.WENATCHEE.FIREFC.ORG  
 Hosting Organization WENATCHEE FIRE FC Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization JAMES DICKINSON Title PRESIDENT Phone ( ) \_\_\_\_\_ W  
 Address 2325 CANYON HILLS DRIVE Email president@wenatchefirefc.org Phone (509) 470-6349 H  
 City EAST WENATCHEE State WA Zip Code 98802 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate W.S.V.S.A. Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games WENATCHEE VALLEY TEAM ENTRY DEADLINE: SEPT. 10, 2009  
 Date(s) of Tournament or Games OCT. 9, 10, 11 2009 Estimated # of Teams 120  
 Tournament or Games Director or Contact Person KRISTINE MAROHL Phone ( ) \_\_\_\_\_ W  
 Address 2340 FANCYREE HTS BLD Email MAROHL6@CHARTEL.NET Phone (509) 834-6368 H  
 City E. WENATCHEE State WA Zip Code 98802 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-10 8/11 04	C, D, E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	4	30 MIN	6	<input checked="" type="checkbox"/>	4	\$ 200	<input type="checkbox"/>
U-11 8/11 08	C, D, E, 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5		9	<input checked="" type="checkbox"/>	3	\$ 400	<input type="checkbox"/>
U-12 8/11 09		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18			11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-13 8/11 06		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-14 8/11 05		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-15 8/11 04		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-16 8/11 03		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-17 8/11 02		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-18 8/11 01		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-19 8/11 00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>

\*List of types of teams and tournaments is on reverse side of this form.

30 MIN HALVES

RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.

Team will be restricted to teams within the national 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~~ US CLUB

Foreign 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

*[Signature]*

Date 10.25.2008

**APPROVAL**  
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date

VP Camp

By

*[Signature]*

Title

1/9/09

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.