



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 COWLEY KIRKOFF CLASSIC Website URL: WWW.LONGVIEWSOCCERCLUB.COM  
 Hosting Organization LONGVIEW SOCCER CLUB Type of Tournament  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization CHRIS WILLIE Title PRESIDENT Phone ( ) \_\_\_\_\_ W  
 Address 2301 57th COURT Email SWILLIE@MSN.COM Phone 360 423-5517 H  
 City LONGVIEW State WA Zip Code 98637 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate WSYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games 7TH AVENUE PARK TEAM ENTRY DEADLINE: 7/24/09  
 Date(s) of Tournament or Games AUG. 7<sup>th</sup> 8<sup>th</sup> & 9<sup>th</sup> Estimated # of Teams 55  
 Tournament or Games Director or Contact Person TOM HUTCHINSON Phone 360 614-2296 W  
 Address 1509 21st AVE Email HUTCHT@Q.COM Phone 360 636-4258 H  
 City LONGVIEW State WA Zip Code 98632 Phone 360 636-4258 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 B/M 99	REC/SELECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	NO	60min	9	<input checked="" type="checkbox"/>	3	\$390	<input type="checkbox"/>
U- 12 B/M 98		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	RESTRICTIONS		11	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 13 B/M 97		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 14 B/M 96		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 15 B/M 95		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 16 B/M 94		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 17 B/M 93		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 18 B/M 92		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- 19 B/M 91		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="checkbox"/>
U- B/M		<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: Club Soccer AYSO  
 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 Chris Willie

Date 2/8/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Washington Youth Soccer Date 4/7/09  
Gail Z Rubelman Title VP Competition