



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES


Name of Tournament or Games Lighthouse Cup Website URL: www.norpointsoccer.org
 Hosting Organization Norpoint Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Patrick Muir Title Tournament Director Phone 253) 651-4881 W
 Address 513 12th AVE CT Email dpmuir@comcast.net Phone 293 922-4530 H
 City Milton State WA Zip Code 98352 Phone () _____ FAX _____
 State Association or Affiliate WSYSA/TPLISA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games MEEKER MIDDLE SCHOOL TEAM ENTRY DEADLINE: 20th August 2009
 Date(s) of Tournament or Games 28, 29, 30 August 2009 Estimated # of Teams 40+
 Tournament or Games Director or Contact Person PATRICK MUIR (SAME AS ABOVE) Phone () _____ W
 Address 513 12th AVE CT Email dpmuir@comcast.net Phone () _____ H
 City Milton State WA Zip Code 98354 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/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	30	9	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U-12 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U-13 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U-14 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U-15 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>			<input 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"/>
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  Date 1/5/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Washington Youth Soccer Date 2-28-09
 By Sy Van Title Up of Re 2-28-09