



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games River City Rec Tournament Website URL: www.rivercitysoc.org
 Hosting Organization River City SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jeff Orwick Title VP Phone 509 954-0611 W
 Address PO Box 141802 Email orwick@comcast.net Phone 509 922-3603 H
 City Spokane Valley State WA Zip Code 99214 Phone 509 922-3603 FAX
 State Association or Affiliate WA Youth Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Rattles Ferry Park TEAM ENTRY DEADLINE: August 10, 2009
 Date(s) of Tournament or Games August 29-30, 2009 Estimated # of Teams 80
 Tournament or Games Director or Contact Person Jeff Orwick Phone 509 954-0611 W
 Address PO Box 141802 Email orwick@comcast.net Phone 509 922-3603 H
 City Spokane Valley State WA Zip Code 99214 Phone 509 922-3603 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-6 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	6	3	32	3	<input checked="" type="checkbox"/>	3	80	<input type="checkbox"/>
U-7 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	6	3	40	3	<input checked="" type="checkbox"/>	3	80	<input type="checkbox"/>
U-8 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	8	3	40	4	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-9 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	9	3	40	5	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-10 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	10	3	50	6	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>
U-11 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	14	5	60	9	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>
U-12 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-13 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-14 8/1/	RT - S1-3	<input type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	300	<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: USELUB 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

Jeff Orwick

Date 12-31-08

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 3/16/09

By [Signature]

Title VP Camp