



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 Snohomish Bigfoot Website URL: www.snohomishbigfoot@verizon.net
 Hosting Organization Snohomish Youth Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Gerrit van der Bemd Title President Phone 360 568-2577 W
 Address 27 Pine Ave. Email snohomishbigfoot@verizon.net Phone () _____ H
 City Snohomish State WA Zip Code 98290 Phone 360 568-3064 FAX
 State Association or Affiliate WSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Stocker Field **TEAM ENTRY DEADLINE:** July 25 2009
 Date(s) of Tournament or Games August 13-16 2009 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Shady Johnson Phone 360 568-2577 W
 Address 27 Pine Ave Email snohomishbigfoot@verizon.net Phone () _____ H
 City Snohomish State WA Zip Code 98290 Phone 360 568-3064 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/	U11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	6	60min	9	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-12 8/1/	↓	<input type="checkbox"/>	<input type="checkbox"/>	18			11	<input type="checkbox"/>			<input type="checkbox"/>
U-13 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-14 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-15 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-16 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-17 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-18 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-19 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: US Club Soccer
- 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 _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 3/16/09

By

[Signature]

Title V.P. Competition