



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 Starline - Fritchert Cup Website URL: _____

Hosting Organization Starline Sports Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Toddy Mitalas Title Director Phone (206) 267-6422 W

Address 14800 Starline Way Email toddy@starlinesports.com Phone 425-770-1687 H

City Tukwila State WA Zip Code 98148 Phone 206-431-6811 FAX

State Association or Affiliate WYS Guest Referees Applications Accepted Yes No

Location of Tournament or Games Starline Sports Complex TEAM ENTRY DEADLINE: Nov 1, 2009

Date(s) of Tournament or Games Nov 27, 28, 29 2009 Estimated # of Teams 80

Tournament or Games Director or Contact Person Toddy Mitalas Phone 206-267-6422 W

Address 14800 Starline Way Email toddy@starlinesports.com Phone 425-770-1687 H

City Tukwila State WA Zip Code 98148 Phone 206-431-6811 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-15 8/11 94	Premier		<input checked="" type="checkbox"/>	18	Yes	60	11	<input checked="" type="checkbox"/>	3	\$200.00	<input type="checkbox"/>
U-16 8/11 93			<input type="checkbox"/>	18		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U-17 8/11 92			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-19 8/11 90			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11			<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
- 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

Toddy Mitalas

Date 11/22/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Washington Youth Soccer

Date 1/9/09

By [Signature]

Title VP Camp