



COLORADO SOCCER ASSOCIATION TOURNAMENT CHANGE REQUEST

To request changes to an approved tournament, please complete this form and return to
LStibley@coloradosoccer.org

Tournament Name _____

Date of Tournament _____

| CHANGE | FROM | TO |
|---------------------------------------|------|----|
| Name of Tournament | | |
| Date of Tournament | | |
| Tournament Director Name | | |
| Tournament Director Address | | |
| Tournament Director Phone | | |
| Tournament Director E-mail | | |
| Tournament Website Address | | |
| Age Group/Gender | | |
| Division (Comp or Rec) | | |
| Total Number of Teams | | |
| Team Entry Deadline | | |
| # of Guest Players Allowed | | |
| Out of State/Restricted Status | | |
| Foreign Teams | | |
| Entry Fee | | |

Reason for Change:

Submitted by: _____

Hosting Organization: _____

Designated Official of Hosting Organization: _____

Signature of Designated Official of Hosting organization: _____ Date: _____

____ (For Official Us Only)

APPROVAL

State Association or Affiliate: _____ Date: _____

By: _____ Date: _____