

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Soccerfest Website URL: fcsonora.org
 Hosting Organization FC Sonora Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Chris Cox Title President Phone 520 225 9518 W
 Address PO Box 4119 Email Chris.cox@fcsonora.org Phone () _____ H
 City Tucson State AZ Zip Code 85711 Phone () _____ FAX
 State Association or Affiliate AYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games _____ TEAM ENTRY DEADLINE: 10/3/2018
 Date(s) of Tournament or Games 10/26/18 - 10/28/18 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Chris Cox Phone 520 225 9518 W
 Address _____ Email _____ Phone () _____ H
 City _____ State _____ Zip Code _____ 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-	9	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	40	7	<input checked="" type="checkbox"/>	4	425	<input checked="" type="checkbox"/>
U-	10	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	40	7	<input checked="" type="checkbox"/>	4	425	<input checked="" type="checkbox"/>
U-	11	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	9	<input checked="" type="checkbox"/>	3	475	<input checked="" type="checkbox"/>
U-	12	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input checked="" type="checkbox"/>	3	475	<input checked="" type="checkbox"/>
U-	13	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	525	<input checked="" type="checkbox"/>
U-	14	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	525	<input checked="" type="checkbox"/>
U-	15	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input checked="" type="checkbox"/>
U-	16	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input checked="" type="checkbox"/>
U-	17	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input checked="" type="checkbox"/>
U-	19	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input checked="" 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 [Signature] Date 8/30/17

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Deborah Ten Date 4/12/18
 By [Signature] Title Dir of Tournaments