



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 A.L. Smith Invitational Website URL: www.sfrancissoccer.com

Hosting Organization SFSC Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization A.L. Smith Title Club President Phone 317 889-3050 W

Address 843 N. St. Rd. 135 Suite A Email al@alsmithpc.com Phone 317- 752-1095 H

City Greenwood State IN Zip Code 46142 Phone 317- 889-3055 FAX

State Association or Affiliate Indiana Soccer Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games St. Francis Soccer Fields **TEAM ENTRY DEADLINE:** September 1, 2011

Date(s) of Tournament or Games September 17-18 Estimated # of Teams 100

Tournament or Games Director or Contact Person A.L. Smith Phone 317- 889-3050 W

Address 843 N. St. Rd. 135 Suite A Email al@alsmithpc.com Phone 317- 752-1095 H

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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	8/1/	02	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	25	12	<input type="checkbox"/>	4	\$375	<input type="checkbox"/>
U-	10	8/1/	01	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	25	12	<input type="checkbox"/>	4	\$375	<input type="checkbox"/>
U-	11	8/1/	00	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	30	16	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-	12	8/1/	99	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	30	16	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-	13	8/1/	98	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	22	<input checked="" type="checkbox"/>	3	\$425	<input type="checkbox"/>
U-	14	8/1/	97	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	22	<input checked="" type="checkbox"/>	3	\$425	<input type="checkbox"/>
U-		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"/>
U-		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: \_\_\_\_\_
- 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 A.L. Smith Date 5/1/11

APPROVAL

(For Official Use Only)STATE ASSOCIATION OR AFFILIATE INDIANA Date June 15, 2011

By Sarah Cantwell Title Director of Member Services