



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 Fusion Fall Classic Website URL: www.indyfusionsoccer.com

Hosting Organization Fusion Soccer Academy Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Renee Johnson Title Tournament Director Phone (317) 730-3312 C

Address 10330 Buckshire Ln Email Renee.a.johnson@sbcglobal.net Phone _____

City Indianapolis State IN Zip Code 46234 Phone () _____ FAX _____

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

Location of Tournament or Games Fusion Soccer Academy **TEAM ENTRY DEADLINE:** September 23, 2011

Date(s) of Tournament or Games Nov 4-6, 2011 Estimated # of Teams 140

Tournament or Games Director or Contact Person Renee Johnson Phone (317) 730-3312 C

Address 10330 Buckshire Ln Email Renee.a.johnson@sbcgobal.net Phone _____ H

City Indianapolis State IN Zip Code 46234 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	8/1/ 02 RT, S1, S2, S3	X	X	12	3	50	6	<input type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 10	8/1/ 01 RT, S1, S2, S3	X	X	12	3	50	6	<input type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 11	8/1/ 00 RT, S1, S2, S3	X	X	14	3	60	8	X	3	\$425	<input type="checkbox"/>
U- 12	8/1/ 99 RT, S1, S2, S3	X	X	14	3	60	8	X	3	\$425	<input type="checkbox"/>
U- 13	8/1/ 98 RT, S1, S2, S3	X	X	18	4	60	11	X	3	\$450	<input type="checkbox"/>
U- 14	8/1/ 97 RT, S1, S2, S3	X	X	18	4	60	11	X	3	\$450	<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 Renee Johnson Date 06/26/11

APPROVAL



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE INDIANA Date July 22, 2011

By Sarah Cantwell Title Director of Member Services