



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 Siege at St. Francis Website URL: www.StFrancisSoccer.com

Hosting Organization St. Francis Soccer Club Type of Tournament:  Select  Recreational  Select & Rec

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

Address 843 N. St. Rd. 135 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 Club **TEAM ENTRY DEADLINE:** 5/16/2012

Date(s) of Tournament or Games 5/25/2012-5/28/2012 Estimated # of Teams 150

Tournament or Games Director or Contact Person Same as above Phone ( ) \_\_\_\_\_ 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	8/1/ 02	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50	12	<input type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 10	8/1/ 01	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50	12	<input type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 11	8/1/ 00	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	60	16	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 12	8/1/ 99	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	60	16	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 13	8/1/ 98	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	60	22	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 14	8/1/ 97	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	60	22	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 15	8/1/ 96	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	70	22	<input checked="" type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 16	8/1/ 95	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	70	22	<input checked="" type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 17	8/1/ 94	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	70	22	<input checked="" type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 19	8/1/ 92	UT, S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	70	22	<input checked="" type="checkbox"/>	3	\$475	<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 Soccer
- 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 10/20/2012

APPROVAL



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE INDIANA Date December 5, 2012

By Sarah Cantwell Title Director of Member Services