



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 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 Club **TEAM ENTRY DEADLINE:** 5/25/2012
 Date(s) of Tournament or Games 6/1/2012-6/3/2012 Estimated # of Teams 100
 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: _____
 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