



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 Fishers Halloween Classic- Girls Website URL: www.fisherssc.org/classic
 Hosting Organization Fishers Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Scott Kocher Title Tournament Director Phone (317) 985-3230 W
 Address 10818 Pine Bluff Drive Email classic@fisherssc.org Phone (317) 578-4430 H
 City Fishers State IN Zip Code 46037 Phone () _____ FAX _____
 State Association or Affiliate Indiana Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Fishers, IN **TEAM ENTRY DEADLINE:** September 5, 2011
 Date(s) of Tournament or Games October 21-23, 2011 Estimated # of Teams 130
 Tournament or Games Director or Contact Person Scott Kocher Phone () _____ W
 Address 10818 Pine Bluff Drive Email classic@fisherssc.org Phone 317 985-3230 H
 City Fishers State IN Zip Code 46037 Phone 317 595-6802 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	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input type="checkbox"/>	4	\$425	<input type="checkbox"/>
U- 10 8/1/ 01	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input type="checkbox"/>	4	\$425	<input type="checkbox"/>
U- 11 8/1/ 00	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 12 8/1/ 99	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 13 8/1/ 98	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 14 8/1/ 97	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 15 8/1/ 96	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input type="checkbox"/>	3	\$525	<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: 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 Scott Kocher

Date April 27, 2011



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE INDIANA Date 5-3-11
 By Sarah Cartwell Title Director of Member Services