

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Millennium SA Fall Classic Website URL: www.millenniumsoccer.org
 Hosting Organization Millennium Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Vangel Nacovski Title Director of Coaching Phone 219 577-5509 W
 Address P.O. Box 814 Email fodbal@aol.com Phone () _____ H
 City Crown Point State IN Zip Code 46307 Phone () _____ FAX
 State Association or Affiliate Indiana Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Sparta Dome **TEAM ENTRY DEADLINE:** September 1st, 2020
 Date(s) of Tournament or Games September 25th-27th, 2020 Estimated # of Teams 50 teams
 Tournament or Games Director or Contact Person Vangel Nacovski Phone 219 577-5509 W
 Address P.O. Box 814 Email fodbal@aol.com Phone () _____ H
 City Crown Point State IN Zip Code 46307 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- 8	1/1/ 13 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	5	2x20	4 v 4	YES*	3	\$300.00	NO
U- 9	1/1/ 12 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7 v 7	YES*	3	\$550.00	NO
U- 10	1/1/ 11 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7 v 7	YES*	3	\$550.00	NO
U- 11	1/1/ 10 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9 v 9	YES	3	\$650.00	NO
U- 12	1/1/ 09 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9 v 9	YES	3	\$650.00	NO
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	*Participation Awards for 8U-10U				<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<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: Canada

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

[Signature]

Date 4-2-2020

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Indiana Soccer



Date April 7, 2020

By Angel Hall

Title Associate Director