



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 Fort Wayne Sport Club Soctoberfest Website URL: www.fortwaynesportclub.com
Hosting Organization Fort Wayne Sport Club Type of Tournament: ☐ Select ☒ Recreational ☐ Select & Rec
Designate Official of Hosting Organization Dan Kruse Title President Phone () 260-466-0831 W
Address 3102 Ardmore Avenue Email dankruse53@gmail.com Phone () H
City Fort Wayne State IN Zip Code 46802 Phone () FAX
State Association or Affiliate Indiana Soccer Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Fort Wayne Sport Club **TEAM ENTRY DEADLINE:** September 20, 2024
Date(s) of Tournament or Games October 19th & 20th Estimated # of Teams
Tournament or Games Director or Contact Person Nick Balmoria Phone () 260-414-9101 W
Address Email nbalmoria1@yahoo.com 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- over 30	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	15		60 Minutes	8	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- Over 40	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	20		60 Minutes	11	<input checked="" type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- Over 50	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	20		60 Minutes	11	<input checked="" type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- Over 60	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	15		60 Minutes	8	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- Women	1/1/	<input type="checkbox"/>	<input type="checkbox"/>	15		60 Minutes	8	<input type="checkbox"/>	3	\$350	<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"/>
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**
International

Other US Soccer Members as listed: _____

☐ 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

Daniel J. Kruse
PRESIDENT

Date 5/15/2024

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

Indiana Soccer Association



Date October 1, 2024

By

Georgi Emenhiser

Title Operations Administrative Assistant