



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Adidas Soccer Elite Spring Website URL: www.colsoc.com
 Hosting Organization Western - Collierville Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Michael Knowles Title _____ Phone () _____ W
 Address 475 E South St Email csatourney@gmail.com Phone (901) 854-8724 H
 City Collierville State TN Zip Code 38017-2770 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Mike Rose Complex, Memphis **TEAM ENTRY DEADLINE: 04/02/2019**
 Date(s) of Tournament or Games 04/12/2019 - 04/14/2019 Estimated # of Teams 250
 Tournament or Games Director or Contact Person Michael Knowles Phone () _____ W
 Address 475 E South St Email csatourney@gmail.com Phone (901) 854-8724 H
 City Collierville State TN Zip Code 38017-2770 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- U09	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input type="checkbox"/>	3	600	<input type="checkbox"/>
U- U10	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input type="checkbox"/>	3	600	<input type="checkbox"/>
U- U11	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U- U12	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U- U13	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	775	<input type="checkbox"/>
U- U14	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	775	<input type="checkbox"/>
U- U15	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	775	<input type="checkbox"/>
U- U16	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	775	<input type="checkbox"/>
U- U17	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	3	785	<input type="checkbox"/>
U- U18	SR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	3	785	<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 (Open to all Federation affiliated participants)
 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 _____

Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Date 12/4/18

Title _____