



US Youth Soccer
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 Kick for the Cure Website URL: www.azsoccerevents.com
 Hosting Organization AZ Premier Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Tom McConkey Title Tournament Director Phone (623) 6953025 W
 Address 7599 N Central Ave Email tommccconkey@cox.net Phone (623) 6953025 H
 City Phoenix State AZ Zip Code 85020 Phone (623) 5355630 FAX
 State Association or Affiliate AYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Phoenix AZ **TEAM ENTRY DEADLINE:** 11/1/2010
 Date(s) of Tournament or Games November 12, 13, 14, 2010 REVISED Dates from original Estimated # of Teams 100
 Tournament or Games Director or Contact Person Tom McConkey Phone (602) 6953025 W
 Address 7599 N Central Ave Email tommccconkey@cox.net Phone (623) 6953025 H
 City Phoenix State AZ Zip Code 85020 Phone (623) 5355630 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 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	REG	7	<input checked="" type="checkbox"/>	3	295	<input type="checkbox"/>
U- 9 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	REG	8	<input checked="" type="checkbox"/>	3	345	<input type="checkbox"/>
U- 10 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	REG	8	<input checked="" type="checkbox"/>	3	345	<input type="checkbox"/>
U- 11 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	REG	8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 12 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 13 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 14 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 15 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 16 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 17 8/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	REG	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>

U-18 ALL X X 18 5 REG 11 X 3 425
 List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
 Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: AYSO, USCS, all
 Foreign 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 3-1-2010

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____

Date 7/27/10

By Mark Thede

Title VP of Competition

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.