



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Girls

Name of Tournament or Games Veterans Invitational Soccer Tournament - ~~Boys~~ Website URL: www.veteransinvitational.com

Hosting Organization Evansville Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Jim King Title President Phone (812) 760-7016 W

Address PO Box 15906 Email jkking@phrehab.com Phone (812) 454-5237 H

City Evansville State IN Zip Code 47716 Phone () _____ FAX

State Association or Affiliate Indiana Youth Soccer Guest Referees Applications Accepted Yes No

Location of Tournament or Games Evansville TEAM ENTRY DEADLINE: 10/1/10

Date(s) of Tournament or Games Nov 6- Nov 7, 2010 Estimated # of Teams 200

Tournament or Games Director or Contact Person David Nicholson / Kim Brown Phone (812) 457-7275 ^{David} C

Address PO Box 15906 Email info@veteransinvitational.com Phone (812) 454-5237 ^{Kim} H

City Evansville State IN Zip Code 47716 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-	9	8/1/											01
U-	9	8/1/	01	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	6	<input type="checkbox"/>	3	\$425	<input checked="" type="checkbox"/>
U-	10	8/1/	00	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	6	<input type="checkbox"/>	3	\$425	<input checked="" type="checkbox"/>
U-	11	8/1/	99	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	\$475	<input checked="" type="checkbox"/>
U-	12	8/1/	98	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	\$475	<input checked="" type="checkbox"/>
U-	13	8/1/	97	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	14	8/1/	96	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	15	8/1/	95	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	16	8/1/	94	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	17	8/1/	93	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	18	8/1/	92	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" type="checkbox"/>
U-	19	8/1/	91	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	70	11	<input checked="" type="checkbox"/>	3	\$495	<input checked="" 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 Soccer Club, International teams
- 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

[Signature]
APPROVED

Date 04/13/10

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Indiana Date 5-20-10
 By Sarah Cantwell Title Member Services