



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 Rainier Valley Slammers Classic Website URL: www.starfiresports.com

Hosting Organization auburn youth soccer northwest Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization tracy peters Title president Phone (253) 833-6452 W

Address 30110 127th place se Email tracy.peters@comcast.net Phone (253) 709-2623 H

City auburn State wa Zip Code 98092 Phone () _____ FAX _____

State Association or Affiliate washington youth soccer Guest Referees Applications Accepted Yes No

Location of Tournament or Games starfire sports complex TEAM ENTRY DEADLINE: June 20th

Date(s) of Tournament or Games June 29,30 July 1st Estimated # of Teams 90-125

Tournament or Games Director or Contact Person teddy matalas/craig danielson Phone (253) 200-8858 W

Address 14800 starfire way Email teddy@starfiresports.com Phone (425) 770-1687 H

City tukwilla State wa Zip Code 98188 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-	10	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	50min	6	<input checked="" type="checkbox"/>	3	475.00	<input type="checkbox"/>
U-	11	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50min	9	<input checked="" type="checkbox"/>	3	475.00	<input type="checkbox"/>
U-	12	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	13	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	14	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	15	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	16	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	17	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-	18	8/11	ut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60min	11	<input checked="" type="checkbox"/>	3	500.00	<input type="checkbox"/>
U-		8/11		<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: _____

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 2/17/2012

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Date _____

Title CEO 02/21/12