



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 Crossfire Select Cup Website URL: www.crossfireselect.org
 Hosting Organization LWYSA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Yousef Habash Title VP of Programs Phone (425) 821-1741 W
 Address LWYSA 12525 Willows Rd NE #100 Email vicepresidentofprograms@lwysa.org Phone () _____ H
 City Kirkland State WA Zip Code 98034 Phone (425) 820-0702 FAX
 State Association or Affiliate WYS Guest Referees Applications Accepted Yes No
 Location of Tournament or Games 60 Acres, Redmond, WA TEAM ENTRY DEADLINE: 7/9/12
 Date(s) of Tournament or Games July 27, 28, 29, 2012 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Scott Yerxa Phone () _____ W
 Address 2015 212th PL NE Email tournamentdirector@crossfireselect.org Phone (425) 533-1446 H
 City Sammamish State WA Zip Code 98074 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- 11 8/1/ 01	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	9	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 12 8/1/ 00	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 13 8/1/ 99	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 14 8/1/ 98	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 15 8/1/ 97	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 16 8/1/ 96	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 17 8/1/ 95	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 18 8/1/ 94	Comp/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	4	575.00	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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 Other US Soccer Members as listed: _____
 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

Yousef Habash

Digitally signed by Yousef Habash
 DN: cn=Yousef Habash, o=LWYSA, ou=US Youth Soccer, email=yousef.habash@lwysa.org, c=US
 Date: 2011.12.19 09:09:02

Date 12/19/11

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Date _____

Title _____

12/19/11