



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Fort Steilacoom Cup 5v5 Website URL: www.lakewoodsoccerclub.org
 Hosting Organization LSDSC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Kris Baglio Title Registrar/Tournaments Phone () 253-584-5129 W
 Address 1420 South 52nd Email ftsteilacoomcup@gmail.com Phone () 253-584-5129 H
 City Tacoma State WA Zip Code 98408 Phone () _____ FAX
 State Association or Affiliate tpcjsa Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Fort Steilacoom Park **TEAM ENTRY DEADLINE:** August 10th, 2012
 Date(s) of Tournament or Games August 18-19, 2012 Estimated # of Teams 50
 Tournament or Games Director or Contact Person Kris Baglio Phone () 253-584-5129 W
 Address 1420 South 52nd Email ftsteilacoomcup@gmail.com Phone () 253-584-5129 H
 City Tacoma State WA Zip Code 98408 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	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 12 8/1/ 00	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 13 8/1/ 99	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 14 8/1/ 98	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 15 8/1/ 97	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 16 8/1/ 96	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 17 8/1/ 95	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 18 8/1/ 94	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input checked="" type="checkbox"/>	4	175	<input type="checkbox"/>
U- 10 8/1/ 02	UT, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	30	5	<input type="checkbox"/>	4	140	<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

Kris Baglio

Digitally signed by Kris Baglio
 DN: cn=Kris Baglio, o=LSDSC, ou=Lakewood Soccer Club, c=US
 Date: 2011.03.20 14:52:47 -0700

Date 1/5/12

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Date _____

Title CEO 03/27/12