



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 5th Annual Cheney 3v3 Soccer Shoot Out Website URL: www.stormfc.org
 Hosting Organization Storm F.C. (IEYSA) Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Joe Holland Title President Phone (509)482-3517 W
 Address 8017 S. Strawberry Email joeholland@stormfc.org Phone (509) 869-7243 H
 City Cheney State WA Zip Code 99004 Phone (509) 482-1792 FAX
 State Association or Affiliate WSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Eastern Washington University TEAM ENTRY DEADLINE: July 13th, 2012
 Date(s) of Tournament or Games Julu 21st and 22nd, 2012 Estimated # of Teams 110
 Tournament or Games Director or Contact Person Joe Holland Phone (509)482-3517 W
 Address 8017 S. Strawberry Email joeholland@stormfc.org Phone (509) 869-7243 H
 City Cheney State WA Zip Code 99004 Phone (509) 482-1792 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/ 03	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 10 8/1/ 02	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 11 8/1/ 01	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 12 8/1/ 00	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 13 8/1/ 99	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 14 8/1/ 98	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- 15 8/1/ 97	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<input type="checkbox"/>
U- HS 8/1/ 94	3v3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	ANY	30 min	3	<input checked="" type="checkbox"/>	3	\$140	<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: US Club Members
 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

Joe Holland

Digitally signed by Joe Holland
 DN: cn=Joe Holland, ou=Storm F.C., ou_email=joeholland@stormfc.org, c=US
 Date: 2012.02.09 21:38:22 -0800

Date 2/9/2012

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Date _____

Title _____

CEO 04/18/12