



US Youth Soccer

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 Colorado Shootout Website URL: www.trebolsoccer.org

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

Designate Official of Hosting Organization Karen Logan Title Club Manager Phone (720) 890.3996 W

Address PO Box 895 Email karen@trebolsoccer.org Phone (303) 665.8681 H

City Lafayette State CO Zip Code 80026 Phone () _____ FAX

State Association or Affiliate CYS Guest Referees Applications Accepted Yes No

Location of Tournament or Games Dicks Sporting Goods Park **TEAM ENTRY DEADLINE:** September 6, 2011

Date(s) of Tournament or Games The first weekend in October, to coincide with the CYS Cup Estimated # of Teams 200

Tournament or Games Director or Contact Person Same as above Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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/ 00	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	50 min	11	<input checked="" type="checkbox"/>	3	725.00	<input type="checkbox"/>
U- 12 8/1/ 99	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	50 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 13 8/1/ 98	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 14 8/1/ 97	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 15 8/1/ 96	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 16 8/1/ 95	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	70 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 17 8/1/ 94	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	80 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<input type="checkbox"/>
U- 18 8/1/ 93	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	80 min	11	<input checked="" type="checkbox"/>	3	\$725.00	<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** – US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- Foreign 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 *Karen Logan* Date 10.19.2010

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date 11/19/2010

By *[Signature]* Title CEO

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

10/18/2010