



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 18th Annual CSC Fall Classic Open Soccer Tournament Website URL: www.cheyennesoccer.com

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

Designate Official of Hosting Organization Dirk Miller Title President Phone (307) 2742812 W

Address 300 Comanche Dr. Email csc.dirk@gmail.com Phone (307) 6344556 H

City Cheyenne State WY Zip Code 82009 Phone () _____ FAX _____

State Association or Affiliate Wyoming Youth Soccer Guest Referees Applications Accepted Yes No

Location of Tournament or Games North Cheyenne Community Park **TEAM ENTRY DEADLINE:** September 10, 2011

Date(s) of Tournament or Games September 30 - October 1-2 Estimated # of Teams 60-70

Tournament or Games Director or Contact Person Chuck Teasley Phone (307) 7011404 W

Address 2610 Henderson Dr. Email charlesteasley@bresnan.net Phone (307) 6322718 H

City Cheyenne State WY Zip Code 82001 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	8/1/	Open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	3	340	<input checked="" type="checkbox"/>
U-	12	8/1/	Open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	30	8	<input checked="" type="checkbox"/>	3	340	<input checked="" type="checkbox"/>
U-	12	8/1/	Open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	30	11	<input checked="" type="checkbox"/>	3	340	<input checked="" type="checkbox"/>
U-	14	8/1/	Open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	30	11	<input checked="" type="checkbox"/>	3	340	<input checked="" 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"/>
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"/>
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 _____ Date 6-23-11

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____

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.