



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 16th Annual CSC Open Tournament Website URL: www.cheyennesoccer.com

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

Designate Official of Hosting Organization Keith Fulton Title President Phone (307) -2860790 W

Address 6819 Bomar Dr Email kfsoccer@wyoming.com Phone (307) -6348630 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 12, 2009

Date(s) of Tournament or Games October 3-4 Estimated # of Teams 60-70

Tournament or Games Director or Contact Person Wally Erickson / Dirk Miller Phone (307) -6307830 W

Address 2603 Champion Dr Email werickson@west-inc.com / wdesdirk@bresnan.net Phone (307) 2742812 H

City Cheyenne State WY Zip Code 82009 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"/>	11	3	25	6	<input checked="" type="checkbox"/>	3	200	<input checked="" type="checkbox"/>
U-	12	8/1/	Open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	30	8	<input checked="" type="checkbox"/>	3	325	<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	325	<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	325	<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 *Keith Fulton* Date 8-9-09

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.