

Revised



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

MAKO Soccer 2010 MEMORIAL DAY TOURNAMENT MAY 29-31 2010

Name of Tournament or Games: MAKO Soccer 2010 MEMORIAL DAY TOURNAMENT MAY 29-31 2010 Website URL: PLAYERSSPORTSMARKETING.COM

Hosting Organization: MAKO Soccer Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization: Peter DiBernardo Title: President Phone: (771) 359-2068 W

Address: P.O. Box 880262 Email: pdibernardo@mako-soccer.com Phone: () _____ H

City: Port St. Lucie State: FL Zip Code: 34988 Phone: () _____ FAX

State Association or Affiliate: FYSA Guest Referees Applications Accepted: Yes No

Location of Tournament or Games: McChesney Park TEAM ENTRY DEADLINE: _____

Date(s) of Tournament or Games: May 29-31 2010 Estimated # of Teams: _____

Tournament or Games Director or Contact Person: William Forde Phone: 409 320-1309

Address: P.O. Box 953137 Email: WILLIAMFORDE@FLORIDA Phone: () _____ H

City: LAKE MARY State: FL Zip Code: _____ Phone: (717) 320-8906 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 8/11	RESI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-10 8/11	RESI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-11 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-12 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-13 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	70	11	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-14 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	70	11	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-15 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	70	11	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-16 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	70	11	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-17 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	"	70	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-19 8/11	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	"	70	11	<input checked="" type="checkbox"/>	3	525	<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: AUSA, US Youth Soccer, FYSA

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: [Signature] Date: 2/2/10

APPROVAL
(For Official Use Only)



By: [Signature] Date: 2-4-10

Title: Office Manager

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for