



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 THE PRE-THANKSGIVING GOLD CUP Website URL: www.soccerskillsunlimited.org

Hosting Organization US Youth Soccer Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization [Signature] Title Treasurer Phone () _____ W

Address 10000 W. 10th St Email soccer@usyouthsoccer.com Phone () _____ H

City Overland Park State KS Zip Code 66209 Phone () _____ FAX

State Association or Affiliate USA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Overland Park **TEAM ENTRY DEADLINE:** NOVEMBER 1 2019

Date(s) of Tournament or Games November 16-17, 2019 Estimated # of Teams 50

Tournament or Games Director or Contact Person [Signature] 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-9/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-10/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-11/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-12/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-13/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-14/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-15/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-16/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-17/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>
U-18/8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	30	7	<input checked="" type="checkbox"/>	100	100	<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 (Open to all Federation affiliated participants)
- 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 [Signature] Date 4-18-19

APPROVAL



By [Signature] Date 4/7/19 Title Executive Director

APPROVED