



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Tippco Extreme Soccerfest Website URL: www.tippco.org/tst.html
 Hosting Organization Tippco Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Dick Burley Title President Phone () _____ W
 Address 1729 Sheridan Road Email Dick.burley@comcast.com Phone 765 497-1782 H
 City West Lafayette State IN Zip Code 47906 Phone () _____ FAX
 State Association or Affiliate Indiana Youth Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games West Lafayette Indiana **TEAM ENTRY DEADLINE:** April 30, 2010
 Date(s) of Tournament or Games June 04-06, 2010 Estimated # of Teams 50
 Tournament or Games Director or Contact Person John Carter Phone () _____ W
 Address 2130 Cousteau Drive Email Mzf5c5@yahoo.com Phone 765 210-4338 H
 City West Lafayette State IN Zip Code 47906 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- 09 8/1/ 00	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	\$250	<input type="checkbox"/>
U- 10 8/1/ 99	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	\$250	<input type="checkbox"/>
U- 11 8/1/ 98	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	\$300	<input type="checkbox"/>
U- 12 8/1/ 97	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	\$300	<input type="checkbox"/>
U- 13 8/1/ 96	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 14 8/1/ 95	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 15 8/1/ 94	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 16 8/1/ 93	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 17 8/1/ 92	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	1	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 18 8/1/ 91	Select and rec+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$350	<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 Other US Soccer Members as listed: _____
 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

John Carter

Date 3/2/2010



APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Indiana

Date 3-26-10

By Saran Cantweel

Title Member Services