



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 SOCCER 7'S Website URL: WWW.SOUTHSIDESOCCER.ORG

Hosting Organization SOUTHSIDE SOCCER CLUB Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization KIBWE CUFFIE Title TORNAMENT DIRECTOR Phone () 503-968-7197 W

Address PO BOX 230169 Email KIBWE@SOUTHSIDESOCCER.ORG Phone () 503-704-8792 H

City TIGARD State OR Zip Code 97281 Phone () 503-968-6861 FAX

State Association or Affiliate OYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games TIGARD HIGH SCHOOL TEAM ENTRY DEADLINE: JULY 9TH

Date(s) of Tournament or Games JULY 16TH-18TH Estimated # of Teams 50

Tournament or Games Director or Contact Person KIBWE CUFFIE Phone () 503-968-7197 W

Address PO BOX 230169 Email KIBWE@SOUTHSIDESOCCER.ORG Phone () 503-704-8792 H

City TIGARD State OR Zip Code 97281 Phone () 503968-6861 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 8/1/ 01	S1,S1,S3,S4,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	6	50 MIN	8	<input type="checkbox"/>	4	250	<input type="checkbox"/>
U- 10 8/1/ 00	S1,S1,S3,S4,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	6	50 MIN	8	<input type="checkbox"/>	4	250	<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"/>
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: AYSO, US CLUB SOCCER, USYSA
- 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 4/21/2010

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE Oregon Date 5/4/10

By [Signature] Title Director

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.