



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 Arizona Inaugural Cup Website URL: http://www.nvsoccer.org/tournament/

Hosting Organization North Valley SC Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Gary Fallon Title President (North Valley SC) Phone (480) 375-7792 W

Address 1729 E Potter Dr Email gary.fallon@nvsoccer.org Phone (623) 587-1480 H

City Phoenix State AZ Zip Code 85024 Phone () _____ FAX _____

State Association or Affiliate AYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Reach 11 **TEAM ENTRY DEADLINE:** 08/24

Date(s) of Tournament or Games 09/07-08 Estimated # of Teams 56

Tournament or Games Director or Contact Person Gary Fallon Phone (480) 375-7792 W

Address 1729 E Potter Dr Email gary.fallon@nvsoccer.org Phone (623) 587-1480 H

City Phoenix State AZ Zip Code 85024 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
	9	8/1/	98											
U-1	9	8/1/	98	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>
U-0	0	8/1/	97	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>
U-1	1	8/1/	96	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U-2	2	8/1/	95	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U-3	3	8/1/	94	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	225	<input type="checkbox"/>
U-4	4	8/1/	93	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	225	<input type="checkbox"/>
U-5	5	8/1/	92	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	80	11	<input checked="" type="checkbox"/>	3	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"/>

*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 _____ Date 3/18/07

APPROVAL
(For Official Use Only)

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.

STATE ASSOCIATION OR AFFILIATE

City Youth Soccer Assoc.

Date 4/15/07

By

Ray E. Fox

Title

Tournament Chair