



SEP 1 9 11 AM '09

\$200 Bond
KSYSA



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 Midwest Mothers Day Classic Website URL: www.bvsoccer.org
 Hosting Organization Blue valley soccer club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Danita Hill Title Administrative Director Phone (A/B) 605 2872 W
 Address 13700 Switzer Email dhill@bvsoccer.org Phone () _____ H
 City OP State Ks Zip Code 66213 Phone (A/B) 685 2902 FAX
 State Association or Affiliate KSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Overland Park Soccer Complex TEAM ENTRY DEADLINE: April 16, 2010
 Date(s) of Tournament or Games May 7-9, 2010 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Tim Clark - Director Phone 913 927-5817 W
 Address 13700 Switzer Email tclark@bvsoccer.org Phone () _____ H
 City OP State Ks Zip Code 66213 Phone (A/B) 685 2902 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- 8 8/1/	Premier/comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	40	6v6	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 9 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	50	6v6	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 10 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	50	6v6	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 11 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	50	8v8	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 12 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	50	8v8	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 13 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11v11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 14 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11v11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 15 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11v11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 16 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	70	11v11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 17-18 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	70	11v11	<input checked="" type="checkbox"/>	3	595	<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: USSSA and US club
 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 Danita Hill Date 8/19/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE  Date 10/12/09 Title PAR MEMBER SERVICES