



A Proud Member of US Soccer
Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Scott Hummel Classic Website URL: www.trysasoccer.org
 Hosting Organization Two Rivers Youth Soccer Assn. Type of Tournament: Select Recreational Select & Rec
 Designated Official of Hosting Organization Amy Ranalli Title Treasurer Phone (620) 343-6970 W
 Address P.O. Box 923 Email trysaboard@yahoo.com Phone (620) 340-0228 H
 City Emporia State KS Zip Code 66801 Phone (620) 340-0228 FA
 State Association or Affiliate Kansas Guest Referees Applications Accepted Yes No X
 Location of Tournament or Games TRYSA Soccer Complex TEAM ENTRY DEADLINE: 3/01/10
 Date(s) of Tournament or Games 4/10,4/11 (Girls), 4/17,4/18 (Boys) Estimated # of Teams 75
 Tournament or Games Director or Contact Person Amy Ranalli Phone () _____ W
 Address P.O. Box 923 Email trysaboard@yahoo.com Phone (620) 340-0228 H
 City Emporia State KS Zip Code 66801 Phone (620) 340-0228 FA
 X

| 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/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | 3 | 20 | 6 | <input checked="" type="checkbox"/> | 3 | 375 | <input type="checkbox"/> |
| U- 10 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | 3 | 20 | 6 | <input checked="" type="checkbox"/> | 3 | 375 | <input type="checkbox"/> |
| U- 11 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 13 | 3 | 25 | 8 | <input checked="" type="checkbox"/> | 3 | 400 | <input type="checkbox"/> |
| U- 12 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 13 | 3 | 25 | 8 | <input checked="" type="checkbox"/> | 3 | 400 | <input type="checkbox"/> |
| U- 13 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 30 | 11 | <input checked="" type="checkbox"/> | 3 | 425 | <input type="checkbox"/> |
| U- 14 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 30 | 11 | <input checked="" type="checkbox"/> | 3 | 425 | <input type="checkbox"/> |
| U- 16 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18 | 3 | 30 | 11 | <input checked="" type="checkbox"/> | 3 | 425 | <input type="checkbox"/> |
| U- 18 8/1/ | S2/S3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 21 | 3 | 30 | 11 | <input checked="" type="checkbox"/> | 3 | 425 | <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 -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

Amy Ranalli

Date 9/10/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____



Date 9/21/09

Title DIR. MEMBER SERVICES

