



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 Fishers Halloween Classic- Boys Website URL: www.fisherssc.org/classic

Hosting Organization Fishers Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Scott Kocher Title Tournament Director Phone (317) 985-3230 W

Address 10818 Pine Bluff Drive Email classic@fisherssc.org Phone (317) 578-4430 H

City Fishers State IN Zip Code 46037 Phone () _____ FAX _____

State Association or Affiliate Indiana Soccer Guest Referees Applications Accepted Yes No

Location of Tournament or Games Fishers, IN **TEAM ENTRY DEADLINE:** September 5, 2011

Date(s) of Tournament or Games October 28-30, 2011 Estimated # of Teams 130

Tournament or Games Director or Contact Person Scott Kocher Phone () _____ W

Address 10818 Pine Bluff Drive Email classic@fisherssc.org Phone 317 985-3230 H

City Fishers State IN Zip Code 46037 Phone 317 595-6802 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/ 02	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50	6	<input type="checkbox"/>	4	\$425	<input type="checkbox"/>
U- 10 8/1/ 01	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50	6	<input type="checkbox"/>	4	\$425	<input type="checkbox"/>
U- 11 8/1/ 00	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	60	8	<input type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 12 8/1/ 99	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	60	8	<input type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 13 8/1/ 98	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	60	11	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 14 8/1/ 97	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	60	11	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 15 8/1/ 96	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	60	11	<input type="checkbox"/>	3	\$525	<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** –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: US Club Soccer; Soccer Association for Youth
- 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 Scott Kocher Date 9/26/11

APPROVAL



(For Official Use Only)STATE ASSOCIATION OR AFFILIATE INDIANA Date Revised September 26, 2011

By Sarah Cantwell Title Director of Member Services