



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 KAOS INVITATIONAL Website URL: WWW.KAOSoccer.COM
Hosting Organization CLARKSVILLE SOCCER ASSC. Type of Tournament: [X] Select [ ] Recreational [ ] Select & Rec
Designate Official of Hosting Organization MARCO LEE Title PRESIDENT Phone ( ) W
Address 852 GLENDALE DR Email TNMIDDLESOCCER@aol.com Phone ( ) H
City CLARKSVILLE State TN Zip Code 37043 Phone ( ) FAX
State Association or Affiliate TSSA Guest Referees Applications Accepted [X] Yes [ ] No
Location of Tournament or Games HERITAGE PARK TEAM ENTRY DEADLINE: Aug. 3 2009
Date(s) of Tournament or Games AUGUST 21, 22, 23, 2009 Estimated # of Teams 100
Tournament or Games Director or Contact Person BRADY ROBINSON Phone 951 801-8142 W
Address 605 WESTCHESTER PL Email BNR48@CHARTER.NET Phone ( ) H
City CLARKSVILLE State TN Zip Code 37043 Phone ( ) FAX

Table with columns: 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. Rows include age groups from U-9 to U-18/19 with various checkboxes and numerical values.

\*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
[X] 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 [Signature] Date 9/24/08

APPROVED (For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature] Date 10/4/08 Title VP COMP