



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 Team/Name of Tournament or Games: KACS INVITATIONAL Website URL: WWW.KACSSOCCER.COM

Hosting Organization: CLARKSVILLE SOCCER Type of Tournament: Select Restricted Select & Rec

Designated Official of Hosting Organization: MARCO LEE Title: PRESIDENT Phone (): _____ W

Address: 852 GLENGOLD DR Email: TRAI@KACSOCER@AOL.COM Phone (): _____ H

City: CLARKSVILLE State: TN Zip Code: 37043 Phone (): _____ FAX

State Association or Affiliates: TN Guest Referee Applications Accepted: Yes No

Location of Tournament or Games: HERITAGE PARK TEAM ENTRY DEADLINE: AUG 4 2010

Date(s) of Tournament or Games: AUG 28 + 29 2010 w/3 Estimated # of Teams: 100

Tournament or Games Director or Contact Person: BRADY ROBINSON Phone (): _____ W

Address: 603 WESTCHESTER PL Email: BNR48@CHARTER.NET Phone: 931 801-5142 H

City: CLARKSVILLE State: TN Zip Code: 37043 Phone: 770 956-4587 FAX

Age Group Accepted	Type(s) of Team Accepted*	B	G	Field Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-9	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 MIN		<input checked="" type="checkbox"/>	3	375 ⁰⁰	<input type="checkbox"/>
U-10	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	↓	50 MIN		<input checked="" type="checkbox"/>	↓	375 ⁰⁰	<input type="checkbox"/>
U-11	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	↓	60 MIN		<input checked="" type="checkbox"/>	↓	375 ⁰⁰	<input type="checkbox"/>
U-12	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	↓	60 MIN		<input checked="" type="checkbox"/>	↓	375 ⁰⁰	<input type="checkbox"/>
U-13	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	70 MIN		<input checked="" type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>
U-14	W/M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓	70 MIN		<input checked="" type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>
U-15	W/M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓	80 MIN		<input checked="" type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>
U-16	W/M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓	↓		<input checked="" type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>
U-17	W/M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓	↓		<input type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>
U-18/A	W/M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓	↓		<input checked="" type="checkbox"/>	↓	450 ⁰⁰	<input type="checkbox"/>

*E, G or type 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/PIT states only.
- UNRESTRICTED
- TOURNAMENT - Other US Soccer Members as listed: _____
- Terms 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: J. Lee

Date: 9/3/2009

APPROVED

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By: W. Robinson
 Executive Director

Date: 9/4/09
 Title: _____