



US Youth Soccer
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 2010 ICEBREAKER CUP Website URL: www.gastonunitedsoccer.org
 Hosting Organization GUSC (GASTON UNITED SOCCER CLUB) Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization JONATHAN REED Title TOURNAMENT DIRECTOR Phone (704) 460-1147 W
 Address 711 SOUTH YORK STREET Email guscicebreaker@yahoo.com Phone (704) 867-4789 H
 City GASTONIA State NC Zip Code 28052 Phone () _____ FAX _____
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games GASTONIA, NC TEAM ENTRY DEADLINE: JAN. 8TH 2010
 Date(s) of Tournament or Games JANUARY 30th & 31st Estimated # of Teams 100
 Tournament or Games Director or Contact Person JONATHAN REED Phone (704) 460-1147 W
 Address 711 SOUTH YORK STREET Email guscicebreaker@yahoo.com Phone (704) 867-4789 H
 City GASTONIA State NC Zip Code 28052 Phone () _____ 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- 11 8/11 98	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2 x 30	8	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 12 8/11 97	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2 x 30	8	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 13 8/11 96	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2 x 35	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 14 8/11 95	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2 x 35	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 15 8/11 94	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	4	2 x 40	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 16 8/11 93	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2 x 40	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 17 8/11 92	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2 x 45	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 18 8/11 91	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2 x 45	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 19 8/11 90	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2 x 45	11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 8/11		<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 - US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
- Foreign 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 *Jonathan Reed* Date 7.21.09
PRESIDENT

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE

By *[Signature]*


Date 8/28/2009
 Title VP Tournaments

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

AUG 03 2009