



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games JOHN TALLEY SHOWCASE/SHOOTOUT Website URL: WWW.GOMRSC.COM

Hosting Organization OS MEMPHIS Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization SIMON LACON Title ASST GM Phone (901) 751 4223 W

Address 9000 E SHELBY DR Email SIMON@MIKEROSESOCCKERCOMPLEX.COM Phone () _____ H

City MEMPHIS State TN Zip Code 38125 Phone () _____ FAX

State Association or Affiliate TNSOCCER Guest Referees Applications Accepted Yes No

Location of Tournament or Games MIKE ROSE SOCCER COMPLEX **TEAM ENTRY DEADLINE:** MARCH 3rd, 2017

Date(s) of Tournament or Games 3/24/17 – 3/26/17 Estimated # of Teams 200

Tournament or Games Director or Contact Person SIMON LACON Phone (901) 751 4223 W

Address MRSC, 9000 E SHELBY DR Email SIMON@MIKEROSESOCCKERCOMPLEX.COM Phone () _____ H

City MEMPHIS State TN Zip Code 38125 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- 9	8/1/ 08 S1,S2,S3,S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2X25	7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 10	8/1/ 07 S1,S2,S3,S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2X25	7	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U- 11	8/1/ 06 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2X25	9/11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 12	8/1/ 05 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2X30	9/11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 13	8/1/ 04 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2X30	11	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 14	8/1/ 03 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X30	11	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 15	8/1/ 02 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X35	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U- 16	8/1/ 01 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X35	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U- 17	8/1/ 00 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X40	11	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 19	8/1/ 98 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X40	11	<input checked="" type="checkbox"/>	3	\$675	<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 (Open to all Federation affiliated participants)
- International Teams as listed: IRELAND - TBD

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

Date 10/6/16

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Date

11/5/19

Title

VP Comp