



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 Stones River Summer Shootout 2012 Website URL: www.stonesriverfc.org
 Hosting Organization Stones River Futbol Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Bill Jordan Title NRS President Phone (615) 293-8495W
 Address 110 Spring Circle Email bjordan@ourcoop.com Phone (615) 459-2564H
 City Smyrna State TN Zip Code 37167 Phone () _____ FAX _____
 State Association or Affiliate 75549 Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Stones River Futbol Club TEAM ENTRY DEADLINE: 2/27/12
 Date(s) of Tournament or Games March 23-25, 2012 Estimated # of Teams 125
 Tournament or Games Director or Contact Person Tommy Sneed Phone () _____ W
 Address P.O. Box 1334 Email tournamentdirector@nrssoccer.org Phone () N/A H
 City Smyrna State TN Zip Code 37167 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 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6v6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-10 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6v6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-11 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	8v8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-12 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	8v8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-13 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	11v11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-14 8/11	select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	11v11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-15 8/11	select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x40	11v11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-16 8/11	select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x40	11v11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-17 8/11	select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x40	11v11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-18 8/11	select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x40	11v11	<input checked="" type="checkbox"/>	3	550	<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: _____
 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 6-9-11

APPROVAL

Tennessee State Soccer Assoc.

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *[Signature]*
State Administrator

Date 6/30/11
 Title State Admin

CK 2367