



A Proud Member of US Soccer
Affiliated with the Fédération Internationale de Football Association

69.2 miles
From Clarksville



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Stones River Summer Shootout 2010 Website URL www.stonesriverfc.org
 Hosting Organization Stones River Futbol Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Alice Baldwin Title Tournament Director Phone () - -
 Address 304 Stafford Ct Email tournamentdirector@ Phone () - -
 City Smyrna State TN Zip Code 37167 Phone () - -
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Smyrna, TN TEAM ENTRY DEADLINE: July 23, 2010
 Date(s) of Tournament or Games Aug. 13-15 2010 8/11-17 Estimated # of Teams: 95
 Tournament or Games Director or Contact Person Alice Baldwin Phone _____
 Address 304 Stafford Ct Email tournamentdirector@ Phone () - -
 City Smyrna State TN Zip Code 37167 Phone () - -

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	D1, 2, 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6v6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U-10 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6v6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U-11 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8v8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-12 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8v8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-13 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11v11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-14 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11v11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-15 8/11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	80	11v11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-16 8/11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	80	11v11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-17 8/11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	80	11v11	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-18 8/11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	80	11v11	<input checked="" type="checkbox"/>	3	475	<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.
 UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 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

Alice Baldwin
Ronald Boh

Date 8/15/09
8/15/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION AFFILIATE
W. [Signature] By _____
 Executive Director

Executive Director
[Signature]
 Tennessee State Soccer Assoc

Date 8/29/09
 Title _____