



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 2nd 2018
 Date(s) of Tournament or Games 3/23/18 – 3/25/18 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/	09	S1,S2,S3,S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2X25	7	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-	10	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	\$500	<input type="checkbox"/>
U-	11	8/1/	07	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2X25	9/11	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U-	12	8/1/	06	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2X30	9/11	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U-	13	8/1/	05	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2X30	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U-	14	8/1/	04	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X30	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U-	15	8/1/	03	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U-	16	8/1/	02	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U-	17	8/1/	01	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U-	19	8/1/	97	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<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 11/30/17

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date

12/6/17

By

Title