



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 Pend Oreille Cup Website URL: Sandpoint Soccer.com
 Hosting Organization Sandpoint Strikers FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Alan Brinkmeier Title Tournament Director Phone (208) 263-9116 W
 Address PO Box 70 Email Soccer@SandpointSoccer.com Phone () _____ H
 City Ponderay State ID Zip Code 83852 Phone () _____ FAX
 State Association or Affiliate Idaho Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Sandpoint Idaho TEAM ENTRY DEADLINE: 8/26/18
 Date(s) of Tournament or Games September 7th, 8th and 9th Estimated # of Teams 130
 Tournament or Games Director or Contact Person Alan Brinkmeier Phone 208 263-9116 W
 Address PO Box 70 Email Soccer@SandpointSoccer.com Phone () _____ H
 City Ponderay State ID Zip Code 83852 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 1/1/ 2010	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	40	7	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 10 1/1/ 2009	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 11 1/1/ 2008	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	9	<input checked="" type="checkbox"/>	3	565	<input type="checkbox"/>
U- 12 1/1/ 2007	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	9	<input checked="" type="checkbox"/>	3	565	<input type="checkbox"/>
U- 13 1/1/ 2006	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 14 1/1/ 2005	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 15 1/1/ 2004	S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<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 -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

Date 4/18/18

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

IDAHO YOUTH SOCCER Date APRIL 30, 2018

By

Title

EXEC. DIR