

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: Pink Ocellle Cup Website URL: ~~www~~ Sandpaultsoccer.com

Host Organization: Sandpaul Strikers FC Type of Tournament: Selected Recreational Select & Rec

Designate Official of Hosting Organization: Alan Brinkmeier Title: Tournament Director Phone (208) 263 9116 W

Address: 205 Vermont Dr Ste C Email: _____ Phone () _____ H

City: Pondreay State: ID Zip Code: 83352 Phone () _____ FAX

State Association or Affiliate: IYSA Guest Referees Applications Accepted: Yes No

Location of Tournament or Games: Sandpaul, ID TEAM ENTRY DEADLINE: 8/21/22

Date(s) of Tournament or Games: Sept 9-11, 2022 Estimated # of Teams: 130

Tournament or Games Director or Contact Person: Alan Brinkmeier Phone: 208 263-9116 W

Address: 205 Vermont Dr Ste C Email: _____ Phone () _____ H

City: Pondreay State: ID Zip Code: 83352 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-8	11/15 S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	40	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U-9	11/14 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	40	7	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U-10	11/13 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-11	11/12 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	9	<input checked="" type="checkbox"/>	3	565	<input type="checkbox"/>
U-12	11/11 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	9	<input checked="" type="checkbox"/>	3	565	<input type="checkbox"/>
U-13	11/10 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	598	<input type="checkbox"/>
U-14	11/09 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	598	<input type="checkbox"/>
U-15	11/08 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	598	<input type="checkbox"/>
U-16	11/07 " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	598	<input type="checkbox"/>
U-17	11/06 S1-RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	598	<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
- UNRESTRICTED TOURNAMENT
- Teams will be invited from all US Youth Soccer Associations/Affiliates only
- International Teams as listed: Canada
- Other US Soccer Members 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: 6/13/22

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Signature: _____ Date: 6/17/22