



US Youth Soccer
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 2009 BRIDGE INVITATIONAL Website URL: WWW.BRIDGEFA.COM

Hosting Organization BRIDGE FUTBOL ALLIANCE Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization CLARK BRISSON Title EXECUTIVE DIRECTOR Phone (843) -2700596 W

Address 636 G LONG POINT RD #20 Email CLARKBRISSON@NETZERO.NET Phone (843) 0 H

City MT. PLEASANT State SC Zip Code 29464 Phone (843) 0 FAX

State Association or Affiliate SCYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games CHARLESTON, JAMES ISLAND **TEAM ENTRY DEADLINE:** MARCH 21, 2009

Date(s) of Tournament or Games APRIL 25-26 Estimated # of Teams 150

Tournament or Games Director or Contact Person KENYON COOK Phone (843) -7952005 W

Address 452 WOODLAND SHORES RD Email KCFUTBOL@COMCAST.NET Phone (843) -2703671 H

City CHARLESTON State SC Zip Code 29412 Phone (843) -7952005 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/	98	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50 MIN	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-	10	8/1/	97	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50 MIN	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-	11	8/1/	96	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60 MIN	8	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-	12	8/1/	95	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60 MIN	8	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-	12	8/1/	95	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 MIN	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-	13	8/1/	94	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 MIN	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-	14	8/1/	93	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 MIN	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-	15	8/1/	92	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70 MIN	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-	16	8/1/	91	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70 MIN	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-		8/1/			<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 - US Youth Soccer Members and Affiliates only.

Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: US CLUB SOCCER

Foreign 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 9/2/08

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.