



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games DANVERS SOCCER SALUTING SOLDIERS FESTIVAL Website URL: WWW.DANVERSYOUTHSOCCER.ORG

Hosting Organization DANVERS YOUTH SOCCER Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization JEFF CHAMBERS Title TOURNAMENT DIRECTOR Phone (978) 660-8779 W

Address 54 CABOT ROAD Email danverssoccerfest@hotmail.com Phone (978) 660-8779 H

City DANVERS State MA Zip Code 01923 Phone (978) 660-8779 FAX

State Association or Affiliate MASSACHUSETTS YOUTH SOCCER Guest Referees Applications Accepted Yes No

Location of Tournament or Games 172 HOBART ST DANVERS MA **TEAM ENTRY DEADLINE:** October 27, 2018

Date(s) of Tournament or Games NOVEMBER 10-11, 2018 Estimated # of Teams 40

Tournament or Games Director or Contact Person JEFF CHAMBERS Phone (978) 660-8779 W

Address 54 CABOT RD Email danverssoccerfest@hotmail.com Phone (978) 660-8779 H

City DANVERS State MA Zip Code 01923 Phone () n/a FAX

Age/Grade Groups Accepted				Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards for ALL PARTICIPANTS	Minimum # of Games	Entry Fee	Bond
Gr	2	1/1	2010	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	2-22	5	ALL	3	\$250 DONATION	<input type="checkbox"/>
Gr	4	1/1	2008	S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2-22	7	ALL	3	\$300	<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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 -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 12/13/2017

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Massachusetts U.S. Association Date December 18th, 2017
Maurice T. LaRue Title Tournament Hosting Mgr.