



APPLICATION TO HOST A TOURNAMENT OR GAMES

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

Name of Tournament or Games 18th Annual Halloween Tournament Website URL: www.mountlivesoccer.com

Hosting Organization Mount Olive Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Don Neeb Title President Phone () _____ W

Address PO Box 20 Email president@mountlivesoccer.com Phone (973)713-4887 H

City Flanders State NJ Zip Code 07836 Phone () _____ FAX

Location of Tournament or Games Mount Olive Township **TEAM ENTRY DEADLINE:** October 8, 2011

Date(s) of Tournament or Games October 22, 2011 Estimated # of Teams 80-90

Tournament or Games Director or Contact Person Elmer Ertl Phone () _____ W

Address PO Box 20 Email tournament@mountlivesoccer.com Phone (973)945-5807 H

City Flanders State NJ Zip Code 07836 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-	08	8/1/	03	G-League	X	X	14	3	50 Minutes	8	X	2	\$250	
U-	09	8/1/	02	G-League	X	X	14	3	50 Minutes	8	X	2	\$250	
U-	10	8/1/	01	G-League	X	X	14	3	50 Minutes	8	X	2	\$250	
U-	11	8/1/	00	G-League	X	X	18	3	50 Minutes	11	X	2	\$275	
U-		8/1/												
U-		8/1/												
U-		8/1/												
U-		8/1/												
U-		8/1/												
U-		8/1/												

*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.

International Teams as listed: _____

UT UNRESTRICTED TOURNAMENT Other US Soccer Members 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 6/6/11

By: Title: 2nd VP

APPROV STATE
(For Official Use Only)

Date: JUN 23 2011



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Designate Official of Hosting Organization Don Neeb Title President Phone () _____ W

Address PO Box 20 Email president@mountlivesoccer.com Phone (973)713-4887 H

City Flanders State NJ Zip Code 07836 Phone () _____ FAX

Location of Tournament or Games Mount Olive Township **TEAM ENTRY DEADLINE:** October 8, 2011

Date(s) of Tournament or Games October 29, 2011 Estimated # of Teams 50-60

Tournament or Games Director or Contact Person Elmer Ertl Phone () _____ W

Address PO Box 20 Email tournament@mountlivesoccer.com Phone (973)945-5807 H

City Flanders State NJ Zip Code 07836 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- 12 8/1/ 99	G-League	X	X	18	3	50 Minutes	11	X	2	\$275	
U- 13 8/1/ 98	G-League	X	X	18	3	50 Minutes	11	X	2	\$275	
U- 14 8/1/ 97	G-League	X	X	18	3	50 Minutes	11	X	2	\$275	
U- 8/1/											
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