



# 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 26th Annual Halloween Classic Website URL www.mountlivesoccer.com

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

Designate Official of Hosting Organization Alicia Waldstein Title President Phone ( ) 973-600-4320 W

Address P.O. Box 20 Email president@mountlivesoccer.com Phone ( ) H

City Flanders State NJ Zip Code 07836 Phone ( ) FAX

Location of Tournament or Games Mount Olive Township TEAM ENTRY DEADLINE: October 7, 2019

Date(s) of Tournament or Games October 19, 2019 Estimated # of Teams 90-100

Tournament or Games Director or Contact Person David Watkins Phone ( ) 201-650-6713 W

Address P.O. Box 20 Email tournament@mountlivesoccer.com Phone ( ) H

City Flanders State NJ Zip Code 07836 Phone ( ) FAX

Age Groups Accepted	Type of Teams	B	G	#Guest Players	Length of games	# Players on Field	Award s	M in # o f Games	E n t r y F e e
U08 2012	G League	X	X	3	50 minutes	7v7	participation	2	\$300
U09 2011	G League	X	X	3	50 minutes	7v7	participation	2	\$300
U10 2010	G League	X	X	3	50 minutes	7v7	participation	2	\$300
U11 2009	G League	X	X	3	50 minutes	9v9	1st/2nd	2	\$325

\*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 \_\_\_\_\_

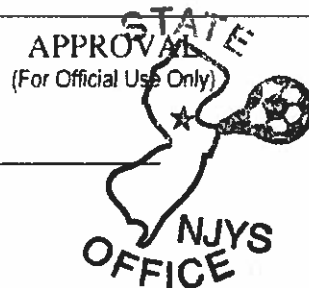
☒ UT UNRESTRICTED TOURNAMENT ☒ Other US Soccer Members Listed U S Club Soccer

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

7/25/19



By:

Title:

2ndvp

Date:

8.12.19