



APPLICATION TO HOST A TOURNAMENT OR GAMES

A Proud Member of US Soccer

Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly - Do Not Stale

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 26, 2019 Estimated # of Teams 80-90

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	Awards	Min # of Games	Entry Fee
U12 2008	G League	X	X	3	50 minutes	9v9	1st/2nd	2	\$325
U13 2007	G League	X	X	3	50 minutes	11v11	1st/2nd	2	\$350
U14 2006	G League	X	X	3	50 minutes	11v11	1st/2nd	2	\$350
U15 2005	G League	X	X	3	50 minutes	11v11	1st/2nd	2	\$350

*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

[Handwritten Signature]

Date

7/25/19



By:

[Handwritten Signature]

Title:

2nd up

Date:

8.12.19