



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 Fall Festival Website URL: www.pearlsoccer.com
 Hosting Organization Pearl Futbol Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization David Roberts Title President Phone () _____ W
 Address _____ Email president.pearlsoccer@gmail.com Phone (601) 421-9309 H
 City Pearl State MS Zip Code 39208 Phone (601) 421-9309 FAX
 State Association or Affiliate MSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Pearl TEAM ENTRY DEADLINE: Sept 15, 2020
 Date(s) of Tournament or Games Sept 19 & 20 Estimated # of Teams 50
 Tournament or Games Director or Contact Person Josh Woods Phone () _____ W
 Address _____ Email pearlsoccer@gmail.com Phone (601) 953 7441 H
 City Pearl State MS Zip Code 39208 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-8	11/13 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	49	4	<input checked="" type="checkbox"/>	3	155	<input type="checkbox"/>
U-10	11/11 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	57	7	<input checked="" type="checkbox"/>	3	205	<input type="checkbox"/>
U-12	11/09 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	69	9	<input checked="" type="checkbox"/>	3	230	<input type="checkbox"/>
U-14	11/07 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	77	11	<input checked="" type="checkbox"/>	3	255	<input type="checkbox"/>
U-16	11/05 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	89	11	<input checked="" type="checkbox"/>	3	255	<input type="checkbox"/>
U-	11/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	11/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	11/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	11/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	11/	<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 Affiliates.

Signature of Designated Official of Hosting Organization

[Handwritten Signature]

Date 7/28/20

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Leah Head

Date

7/29/20

Title

Program Admin

