



A Proud Member of US Soccer

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 Super Clubs Champions Cup Website URL: www.upper90.com
 Hosting Organization The Mike Rose Soccer Complex Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Kim Talley Title General Manager Phone 901 751-4223
 Address 9000 E Shelby Dr. Email info@mikerosesoccercomplex.com Phone () _____ H _____
 City Memphis State TN Zip Code 38125 Phone () _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Mike Rose Soccer Complex TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games Sept. 17-19, 2010 Estimated # of Teams 150+
 Tournament or Games Director or Contact Person Cindy Wierman Phone 899 877-3790 W X 32
 Address 8255 Melrose Email Cindy@soccerexcellencekc.com Phone 913 851-9898 H X 32
 City Lenexa State KS Zip Code 66214 Phone 913 851-3431 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-9 8/1/	Div. I+II	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2x25	8v8	<input checked="" type="checkbox"/>	3	470	npa
U-10 8/1/	Competitive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		2x25	8v8	<input checked="" type="checkbox"/>		470	<input type="checkbox"/>
U-11 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18		2x30	8v8/11v11	<input checked="" type="checkbox"/>		570	<input type="checkbox"/>
U-12 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18		2x30	8v8/11v11	<input checked="" type="checkbox"/>		570	<input type="checkbox"/>
U-13 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35	11v11	<input checked="" type="checkbox"/>		650	<input type="checkbox"/>
U-14 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35	11v11	<input checked="" type="checkbox"/>		650	<input type="checkbox"/>
U-15 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x40	11v11	<input checked="" type="checkbox"/>		650	<input type="checkbox"/>
U-16 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22		2x40	11v11	<input checked="" type="checkbox"/>		650	<input type="checkbox"/>
U-17 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22		2x40	11v11	<input checked="" type="checkbox"/>		675	<input type="checkbox"/>
U-18/A 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22		2x40	11v11	<input checked="" type="checkbox"/>		675	<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

Other US Soccer Members as listed: All State Associations, US Club, ODP+ Super League

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

Kim Talley

Date 6/28/2010

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Tennessee State Soccer Assoc

Date 7/1/10

By

[Signature]

Title

Executive Director