



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 Shootout in the West Website URL: www.jacksonareawidesoccer.com
 Hosting Organization JACKSON AREA WIDE SOCCER (JAWS) Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Bob Alvey Title TOURNAMENT DIRECTOR Phone (731) 394-7148 W
 Address 84 Stonehenge Drive Email alveyrf@eplus.net Phone (731) 664-8801 H
 City Jackson State TN Zip Code 38305 Phone (731) 664-8801 FAX
 State Association or Affiliate Tennessee State Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games North Park Soccer Complex TEAM ENTRY DEADLINE: March 15, 2010
 Date(s) of Tournament or Games April 16-18 Estimated # of Teams 75
 Tournament or Games Director or Contact Person Bob Alvey Phone () _____ W
 Address same as above Email _____ Phone () _____ H
 City _____ State _____ Zip Code _____ 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-9 8/1/1 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | 3 | 2-25 | 6 | <input checked="" type="checkbox"/> | 3 | 350 | <input type="checkbox"/> |
| U-10 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | 3 | 2-25 | 6 | <input checked="" type="checkbox"/> | 3 | 350 | <input type="checkbox"/> |
| U-11 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | 3 | 2-30 | 8 | <input checked="" type="checkbox"/> | 3 | 375 | <input type="checkbox"/> |
| U-12 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | 3 | 2-30 | 8 | <input checked="" type="checkbox"/> | 3 | 375 | <input type="checkbox"/> |
| U-13 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-35 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <input type="checkbox"/> |
| U-14 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-35 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <input type="checkbox"/> |
| U-15 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-40 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <input type="checkbox"/> |
| U-16 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-40 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <input type="checkbox"/> |
| U-17 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-40 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <input type="checkbox"/> |
| U-18 8/1/1 | " " | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 3 | 2-40 | 11 | <input checked="" type="checkbox"/> | 3 | 450 | <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: US Club, AYSO, USSSA, USYF
 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 Robert F. Alvey Jr Director Date 10/4/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Tennessee State Soccer Assoc Date 10/13/09
 By [Signature] Title _____
 Executive Director

