



US Youth Soccer
A Proud Member of US Soccer



Please Type or Print Clearly – Do Not Staple

Affiliated with the Federation International de Football Association

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games South Central Premier Kick Off Classic Website URL: www.southcentralpremier.com

Hosting Organization South Central Premier Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Sean P. Duffy Title Director of Operations Phone (203) 4216236 W

Address 29 Nod Rd. Email sean.duffy@aol.com Phone (860) 6649855 H

City Clinton State CT Zip Code 6413 Phone () FAX

State Association or Affiliate CJSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games CT Sportsplex North Branford, CT. **TEAM ENTRY DEADLINE:** February 28, 2019

Date(s) of Tournament or Games March 30-31, 2019 Estimated # of Teams 60

Tournament or Games Director or Contact Person Sean P. Duffy Phone (203) 4216236 W

Address 29 Nod Rd. Email sean.duffy@aol.com Phone (860) 6649855 H

City Clinton State CT Zip Code 6413 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- 10 8/1/ 9	Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50min	7	<input type="checkbox"/>	4	650	<input type="checkbox"/>
U- 11 8/1/ 8	Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50min	9	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 12 8/1/ 7	Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50min	9	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 13 8/1/ 6	Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50min	11	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 14 8/1/ 5	Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50min	11	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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** – US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- Foreign 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 *Sean P. Duffy* Date 9/24/18

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE Connecticut Junior Soccer Date Oct 4, 2018
By *Shelley Chittz* Title State Administrator

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.