



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 LT SHOWDOWN FALL TOUR Website URL: WWW.LYSATN.COM

Hosting Organization Lebanon Youth Soccer Ass. (LYSA) Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization RANDALL T. MAYHEW Title PRESIDENT Phone () _____ W

Address P.O. Box 2603 Email RANDY@LYSATN.COM Phone () _____ H

City LEBANON, TN State TN Zip Code 37087 Phone () _____ FAX

State Association or Affiliate TENNESSEE SOCCER ASSOCIATION Guest Referees Applications Accepted Yes No

Location of Tournament or Games LYSA 806 Castle Heights Ave, Lebanon TEAM ENTRY DEADLINE: September 13th, 2010

Date(s) of Tournament or Games October 1st - October 3rd, 2010 Estimated # of Teams 50

Tournament or Games Director or Contact Person MICHELLE CHIN ALBERT Phone () _____ W

Address 523 B South Maple St Email LTshowdown@hotmail.com Phone (615) 453-9746 H

City Lebanon State T.N. Zip Code 37087 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/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 min	6	<input type="checkbox"/>	3	\$350.00	<input type="checkbox"/>
U-10 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 min	6	<input type="checkbox"/>	3	\$350.00	<input type="checkbox"/>
U-11 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60 min	8	<input type="checkbox"/>	3	\$350.00	<input type="checkbox"/>
U-12 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60 min	8	<input type="checkbox"/>	3	\$350.00	<input type="checkbox"/>
U-13 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 min	11	<input type="checkbox"/>	3	\$400.00	<input type="checkbox"/>
U-14 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 min	11	<input type="checkbox"/>	3	\$400.00	<input type="checkbox"/>
U-15 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	80 min	11	<input type="checkbox"/>	3	\$400.00	<input type="checkbox"/>
U-16 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	80 min	11	<input type="checkbox"/>	3	\$400.00	<input type="checkbox"/>
U-17 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	80 min	11	<input type="checkbox"/>	3	\$400.00	<input type="checkbox"/>
U-18 8/1/	S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	80 min	11	<input checked="" type="checkbox"/>	3	\$400.00	<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 Affiliate.

Signature of Designated Official of Hosting Organization

[Handwritten Signature]

Date 6-9-10

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Tennessee State Soccer Assoc

Date 6/25/10

By *[Handwritten Signature]*

Title

Executive Director

APPROVED