

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: BLACKHAWKS MAX SHACKNAI INVITATIONAL 2017 Website URL: WWW.SCOTTSDALESOCCER.COM
 Hosting Organization: SCOTTSDALE SOCCER Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization: STEPHANIE BRIGUGLIO Title: EXECUTIVE V.P. Phone: 602 684 2588 W
 Address: 9035 E. PIMA CENTER PARKWAY Email: BH1@SCOTTSDALESOCCER.COM Phone () _____ H
 City: SCOTTSDALE SUITE 10 State: AZ Zip Code: 85258 Phone () _____ FAX
 State Association or Affiliate: AISA Guest Referees Applications Accepted: Yes No
 Location of Tournament or Games: PHOENIX/SCOTTSDALE, AZ **TEAM ENTRY DEADLINE:** JANUARY 16TH 2017
 Date(s) of Tournament or Games: FEBRUARY 24TH - 26TH 2017 Estimated # of Teams: 400
 Tournament or Games Director or Contact Person: OLLIE RICHARSON Phone: 602 363 8985 W
 Address: 9035 E. PIMA CENTER PARKWAY Email: BH1@SCOTTSDALESOCCER.COM Phone () _____ H
 City: SCOTTSDALE State: AZ Zip Code: 85258 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-7 1/1/1	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	4x8min	4v4	<input type="checkbox"/>	3	\$300	<input type="checkbox"/>
U-8 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	3x15min	4v4	<input type="checkbox"/>	↓	\$300	<input type="checkbox"/>
U-9/10 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x20min	7v7	<input type="checkbox"/>	↓	\$395	<input type="checkbox"/>
U-11/12 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x30min	9v9	<input checked="" type="checkbox"/>	↓	\$595	<input type="checkbox"/>
U-13/14 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35min	11v11	<input checked="" type="checkbox"/>	↓	\$845	<input type="checkbox"/>
U-15 to U19	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40min	11v11	<input checked="" type="checkbox"/>	↓	\$845	<input type="checkbox"/>
U- 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/1		<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 -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: ALL TEAMS REGISTERED WITH FIFA AFFILIATE ELIGIBLE TO PLAY

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

[Signature]

Date 5/2/16

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Arizona
[Signature]

Date 5.5.16
Title Executive Director