



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 Starfire Xtreme Cup Website URL: _____
 Hosting Organization Starfire Sports Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Toddy Mitales Title Director Phone (206) 267-6422 W
 Address 14800 Starfire Way Email toddy@starfiresports.com Phone (425) 770-1687 H
 City Tukwila State WA Zip Code 98148 Phone (206) 431-8811 FAX
 State Association or Affiliate WYS Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Starfire Sports Complex TEAM ENTRY DEADLINE: July 15 2010
 Date(s) of Tournament or Games Aug 6, 7, 8 2010 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Toddy Mitales Phone (206) 267-6422 W
 Address 14800 Starfire Way Email toddy@starfiresports.com Phone (425) 770-1687 H
 City Tukwila State WA Zip Code 98148 Phone (206) 431-6811 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- 11 8/1/ 99	Rec	<input type="checkbox"/>	<input type="checkbox"/>	14	43	50	9	<input type="checkbox"/>	3	350.00	<input type="checkbox"/>
U- 12 8/1/ 98		<input type="checkbox"/>	<input type="checkbox"/>	18		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U- 13 8/1/ 97		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 14 8/1/ 96		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 15 8/1/ 95		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 16 8/1/ 94		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 17 8/1/ 93		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 18 8/1/ 91		<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 -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
- 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

Toddy Mitales

Date 12/11/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature]

Date _____

Title _____