



US Youth Soccer
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 Chinook Cup Website URL: ~~chinookcup.org~~ chinookcup.org
 Hosting Organization southside SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Kibwe Coffie Title Tournament Dir. Phone (503) 968-1719 W
 Address PO BOX 230169 Email Kibwe@southsidesoccer.org Phone (503) 310-4959 H
 City Tigard State OR Zip Code 97251 Phone (503) 968-1861 FAX
 State Association or Affiliate OYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Tigard, Lake Oswego, Oregon TEAM ENTRY DEADLINE: August 1st 2010
 Date(s) of Tournament or Games August 12, 13, 14 & 15 Estimated # of Teams 200+
 Tournament or Games Director or Contact Person Kibwe Coffie 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 8/1/2001	Recreation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	25 min 1/2	8	<input checked="" type="checkbox"/>	4	350	<input type="checkbox"/>
U-10 8/1/2000	Recreation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	25 min 1/2	8	<input checked="" type="checkbox"/>	4	350	<input type="checkbox"/>
U-11 8/1/1999	Comp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	30 min 1/2	8	<input checked="" type="checkbox"/>	4	400	<input type="checkbox"/>
U-12 8/1/1998	Comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	30 min 1/2	11	<input checked="" type="checkbox"/>	4	575	<input type="checkbox"/>
U-13 8/1/1999	Comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	30 min 1/2	11	<input checked="" type="checkbox"/>	4	575	<input type="checkbox"/>
U-14 8/1/1996	Comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	30 min 1/2	11	<input checked="" type="checkbox"/>	4	575	<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: US SOCCER CLUB ; USYSA
 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 *Paul Slom* Date 2/18/2010

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE Oregon Date 3/16/2010
 By *Scott Jones* Title Director

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.