Youth Soccer/Kentucky Youth Soccer Association
APPLICATION TO HOST TOURNAMENT OR GAMES

Name of Tournament or Games: Javanon Fall Players Cup
Tournament Web Site Address (URL): www.javanonsctournaments.com
Hosting League Organization: District 3 - Javanon Soccer
Teams of Types Accepted: ☐Select ☐Recreational ☐select & Rec
Designate Official of Hosting Org ALi Ahmadi
Title _____ Work Number (502) 266-5700
Address 12411 Rehl Rd
9Y l·ìf bpaulson@sbdtournaments. Home Phone Number (502) 266-5700
City Louisville ____State KY Zip 40299-4510
Fax
National State Association _____
Guest Referee Applications Accepted
City or Town of Tournament or Games: Elizabethtown
Application Deadline _____
Dates of Tournament or Games: 10/20/2017 - 10/22/2017
Estimated Number of Teams 125
Tournament Director/Contact Person Brent Paulson
Work Phone: (317) 432-4844
Street Address 1401 West Park Road
Tournament Director/Contact Email Address: bpaulson@sbdtournaments.com
City Elizabethtown State KY Zip 42701
Phone Number: _____

Ages	Team Types (ie.: S1, S2)	Boys	Girls	Roster Size	# of Guest Players	Length of Games (mins)	# of Players on Field	Awards	Min. # of Games	Entry Fees	Bond (Leave blank if none)	Message
Com U09	S1,S2,S3,		X	16	5	50	14	X	3	495		
Com U09	S1,S2,S3,	X		16	5	50	14	X	3	495		
Com U10	S1,S2,S3,		X	16	5	50	14	X	3	495		
Com U10	S1,S2,S3,	X		16	5	50	14	X	3	495		
Com U11	S1,S2,S3,		X	16	5	60	14	X	3	595		
Com U11	S1,S2,S3,	X		16	5	60	14	X	3	595		
Com U12	S1,S2,S3,		X	16	5	60	14	X	3	595		
Com U12	S1,S2,S3,	X		16	5	60	14	X	3	595		
Com U13	S1,S2,S3,		X	16	5	60	14	X	3	695		
Com U13	S1,S2,S3,	X		16	5	60	14	X	3	695		
Com U14	S1,S2,S3,		X	16	5	60	14	X	3	695		
Com U14	S1,S2,S3,	X		16	5	60	14	X	3	695		
Com U15	S1,S2,S3,	X		16	5	60	14	X	3	695		
Com U15	S1,S2,S3,	X		16	5	60	14	X	3	695		

☐ **RT Restricted Tournament** – US Youth Soccer Members and Affiliates only.
☐Teams will be restricted to teams within the national state association
☒Teams will be invited from all US Youth State Associations/Affiliates
☒**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 AGREEMETN and its applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization _____ Date: _____

Lisa Duvall

APPROVAL

STATE ASSOCIATION OR AFFILIATE KENTUCKY YOUTH SOCCER ASSOCIATION Date: _____

Kentucky Youth Soccer Association – 158 Constitution St, Lexington, KY 41005

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