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

Name of Tournament or Games: Owensboro United
Tournament Web Site Address (URL): owensborounited.com
Hosting League Organization: District 4 - Owensboro
Teams of Types Accepted: ☐Select ☐Recreational ☐select & Rec
Designate Official of Hosting Org Duncan Campbell
Title__________________
Work Number (270) 925-5704
Address 4921 Ridge Creek Rd
9Yl·lf cynthia.collier@
Home Phone Number (270) 685-4397
City Owensboro _____State KY Zip 42303-4583
Fax
National State Association _____________
Guest Referee Applications Accepted
City or Town of Tournament or Games: Owensboro
Application Deadline _____________
Dates of Tournament or Games: 04/21/2018 - 04/22/2018
Estimated Number of Teams 60
Tournament Director/Contact Person Cindy Collier
Work Phone: (270) 993-8635
Street Address PO Box 9532
Tournament Director/Contact Email Address: cynthia.collier@owensborohealth.org
City Owensboro State KY Zip 42302-9532
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
C& U09		X	X	16	3	50	7	X	3	425.00		
C& U10		X	X	16	3	50	7	X	3	425.00		
C& U11		X	X	18	3	60	9	X	3	480.00		
C& U12		X	X	18	3	60	9	X	3	480.00		
C& U13		X	X	18	3	70	11	X	3	550.00		
C& U14		X	X	18	3	70	11	X	3	550.00		
C& U15		X	X	18	3	80	11	X	3	550.00		
C& U16		X	X	18	3	80	11	X	3	550.00		
C& U17		X	X	18	3	80	11	X	3	550.00		
C& U18		X	X	18	3	80	11	X	3	550.00		

☐ **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