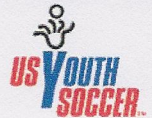




A Proud Member of US Soccer

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 Seacoast United Premier Invitational Website URL: www.seacoastunited.com

Hosting Organization Seacoast United Sports Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Cathy Costello Title Club Admin Phone 603 758-7124 W

Address P O Box 779 Email ccostello@seacoastunited.com Phone (603) 401-1439 H

City Hampton State NH Zip Code 03843 Phone 603 926-8555 FAX

State Association or Affiliate NHSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Seacoast United Outdoor Complex, Epping, NH **TEAM ENTRY DEADLINE:** Feb 28, 2012

Date(s) of Tournament or Games March 24 & 25, 2012 Estimated # of Teams 44

Tournament or Games Director or Contact Person John Price Phone (603) 758-7121 W

Address PO Box 779 Email jprice@seacoastunited.com Phone (603) 944-2581 H

City Hampton State NH Zip Code 03843 Phone (603) 926-8555 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/ 01	S1 & S2	X	<input type="checkbox"/>	16	5	70	8	<input type="checkbox"/>	3	625	<input type="checkbox"/>
U- 12 8/1/ 00	S1 & S2	X	<input type="checkbox"/>	16	5	70	8	<input type="checkbox"/>	3	625	<input type="checkbox"/>
U- 13 8/1/ 99	S1 & S2	X	<input type="checkbox"/>	20	5	70	11	<input type="checkbox"/>	3	695	<input type="checkbox"/>
U- 14 98 93	S1 & S2	X	<input type="checkbox"/>	20	5	70	11	<input type="checkbox"/>	3	695	<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"/>
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: _____
- 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 Cathy Costello

Date 1/10/2012

APPROVAL

Note: For an Un-restricted tournament, NHSA will cover all USYSA teams that are entered with insurance. NHSA will not cover non-USYSA teams. Any non-USYSA must show proof of insurance to enter this tournament. A copy of the proof of insurance must be included with the "Post Tournament or Game Report", after the tournament.

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By NEW HAMPSHIRE Soccer Assn Date 1-11-12
Bob Martin Title NHSA STATE ADMINISTRATOR

