



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Indiana Invaders Fall Classic Website URL: www.invadersfc.com
 Hosting Organization Indiana Invaders FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Mario Manta Title President Phone (574) 532-1408 W
 Address 50929 Mulholland Dr. Email ininvaders@aol.com Phone () _____ H
 City South Bend State IN Zip Code 46628 Phone () _____ FAX
 State Association or Affiliate IYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Indiana Invaders Complex
55200 Pine Rd South Bend, IN 46628 **TEAM ENTRY DEADLINE:** September 2, 2011
 Date(s) of Tournament or Games Sept. 9, 10, 11, 2011 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Mamba Chisoni Phone (574) 215-7266 W
 Address 24974 Edison Road Email invaderscoach@hotmail.com Phone (574) 876 7341 H
 City South Bend State IN Zip Code 46628 Phone (574) 287-6127 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/ 02	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	50	6	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 10 8/1/ 01	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	50	6	<input checked="" type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 11 8/1/ 00	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U- 12 8/1/ 99	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	8	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U- 13 8/1/ 98	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U- 14 8/1/ 97	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$495	<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

APPROVED

Date 6/12/11

APPROVAL



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Indiana Date 7-20-11
Savan Cantuere Title Dir Member Services