



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Starfire Spring Classic Website URL: _____
 Hosting Organization Starfire Sports Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Teddy McTales Title Director Phone (202) 267-6422 W
 Address 14000 Starfire Way Tukwila WA Email teddy@starfiresports.com Phone (425) 435-1465 H
 City Tukwila State WA Zip Code 98148 Phone (206) 431-6811 FAX
 State Association or Affiliate WSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Starfire Sports Complex TEAM ENTRY DEADLINE: April 1 2008
 Date(s) of Tournament or Games April 25, 26, 27 Estimated # of Teams 125
 Tournament or Games Director or Contact Person Teddy McTales Phone (206) 267-6422 W
 Address 14000 Starfire Spway Email teddy@starfiresports.com Phone (425) 470-1687 H
 City Tukwila State WA Zip Code 98148 Phone (206) 431-6811 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 97	Proam/Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	Yes	50	9	<input checked="" type="checkbox"/>	3	425.00	<input type="checkbox"/>
U-12 8/1 96	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	60	11	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U-13 8/1 95	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	60	11	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U-14 8/1 94	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	60	11	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U-15 8/1 93	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	↓	60	11	<input checked="" 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 - 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: _____
 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 Teddy McTales Date 11/5/07

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE WSYSA Date 11/16/07
 By [Signature] Title VP Camp

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.



US Youth Soccer
A Proud Member of US Soccer



Affiliated with the Federation International de Football Association

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Starfire Memorial Day Cup : URL: _____

Hosting Organization Starfire Sports Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Teddy Mitalis Title Director Phone (206) 267-6422 W

Address 14000 Starfire Hwy Tukwila WA Email teddy@starfiresports.com Phone (425) 485-1465 H

City Tukwila State WA Zip Code 98148 Phone (206) 431-6811 FAX

State Association or Affiliate WSYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Starfire Sports Complex **TEAM ENTRY DEADLINE:** May 1 2008

Date(s) of Tournament or Games May 23, 24, 25, 26 2008 Estimated # of Teams 125

Tournament or Games Director or Contact Person Teddy Mitalis Phone (206) 267-6422 W

Address 14000 Starfire Hwy Email teddy@starfiresports.com Phone (425) 470-1687 H

City Tukwila State WA Zip Code 98148 Phone (206) 431-6811 FAX

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U- 11 8/1/ 97	Proam/Select	<input type="checkbox"/>	<input type="checkbox"/>	14	Yes	50	9	<input type="checkbox"/>	3	475.00	<input type="checkbox"/>
U- 12 8/1/ 96	↓	<input type="checkbox"/>	<input type="checkbox"/>	13		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U- 13 8/1/ 95		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 14 8/1/ 94		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 15 8/1/ 93		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 16 8/1/ 92		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 17 8/1/ 91		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 19 8/1/ 89		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			

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Signature of Designated Official of Hosting Organization Teddy Mitalis Date 11/5/07

APPROVAL
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STATE ASSOCIATION OR AFFILIATE WSYSA Date 11/16/07

By [Signature] Title VP Comp

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