



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 MSC Midnight Madness Website URL: www.msosoccer.org
 Hosting Organization Mandeville Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization MSC office Title _____ Phone (785) 264-2705 W
 Address 790 Florida St Email admin@msosoccer.org Phone (857) 624-8080 H
 City Mandeville State LA Zip Code 70476 Phone () _____ FAX
 State Association or Affiliate Louisiana Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Pelican Park **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games October 20, 21, 22, 23 Estimated # of Teams _____
 Tournament or Games Director or Contact Person MSC office Phone (857) 624-8080 W
 Address 790 Florida St Email admin@msosoccer.org Phone () _____ H
 City Mandeville State LA Zip Code 70478 Phone () _____ 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 1/1/14	RT, Jamboree	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x25	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-10 1/1/13	RT, Jamboree	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x25	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-11 1/1/12	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2x25	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U-12 1/1/11	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2x25	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U-13 1/1/10	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U-14 1/1/09	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U-15 1/1/08	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U-16 1/1/07	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U-17 1/1/06	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U-18 1/1/05	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11	<input checked="" type="checkbox"/>	3	\$600	<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

Challey

Date 2/16/21

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____ Date _____
 Title _____