

Please Type or Print Clearly – Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games KC Champions Cup Website URL: www.heartlandsoccer.net  
 Hosting Organization Overland Park Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Len Boxler Title Club President Phone (913) 888-8768 W  
 Address 8600 W 95<sup>th</sup> Street, Suite 201 Email info@opsoccerclub.com Phone 913) 888-8768 H  
 City Overland Park State KS Zip Code 66212 Phone (913) 888-0362 FAX  
 State Association or Affiliate Kansas Youth Soccer Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Heritage Park, Olathe **TEAM ENTRY DEADLINE:** March 21, 2008  
 Date(s) of Tournament or Games April 12 – 13, 2008 Estimated # of Teams 150  
 Tournament or Games Director or Contact Person Dave Morrow Phone (913) 888-8768 W  
 Address 10841 W 87<sup>th</sup> Street, Suite 300 Email Dave.morrow@heartlandsoccer.net Phone (913) 888-8768 H  
 City Overland Park State KS Zip Code 66214 Phone (913) 888-0362 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- 09 8/1/ 98	S1,S2,S3,S4, ODP Team	x	x	11	5	50	12	x	3	\$450	<input type="checkbox"/>
U- 10 8/1/ 97	S1,S2,S3,S4, ODP Team	x	x	11	5	50	12	x	3	\$450	<input type="checkbox"/>
U- 11 8/1/ 96	S1,S2,S3,S4, ODP Team	x	x	14	5	50	16	x	3	\$450	<input type="checkbox"/>
U- 12 8/1/ 95	S1,S2,S3,S4, ODP Team	x	x	14	5	50	16	x	3	\$450	<input type="checkbox"/>
U- 13 8/1/ 94	S1,S2,S3,S4, ODP Team	x	x	18	5	60	22	x	3	\$500	<input type="checkbox"/>
U- 14 8/1/ 93	S1,S2,S3,S4, ODP Team	x	x	18	5	60	22	x	3	\$500	<input type="checkbox"/>
U- 15 8/1/ 92	S1,S2,S3,S4, ODP Team	x	<input type="checkbox"/>	18	5	70	22	x	3	\$500	<input type="checkbox"/>
U- 16 8/1/ 91	S1,S2,S3,S4, ODP Team	x	<input type="checkbox"/>	18	5	70	22	x	3	\$500	<input type="checkbox"/>
U- 17 8/1/ 90	S1,S2,S3,S4, ODP Team	x	<input type="checkbox"/>	22	5	80	22	x	3	\$500	<input type="checkbox"/>
U- 19 8/1/ 88	S1,S2,S3,S4, ODP Team	x	<input type="checkbox"/>	22	5	80	22	x	3	\$500	<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.

Tournament will be restricted to teams within the state association

UT UNRESTRICTED TOURNAMENT

International

Other US Soccer Members as listed: AYSO, US Club Soccer, USSSA

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

Date \_\_\_\_\_

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE



By \_\_\_\_\_

*[Signature]*

Date 1/7/08

Title OFFICE ADMINISTRATOR