



US Youth Soccer/Missouri Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Salsa Soccer Tournament Website URL: http://alliancefc.soccershift.com/salsa-

Hosting Organization Western District - Alliance FC Type of Tournament: ☒ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Mark Ferguson Title _____ Phone _____ W

Address 1919 Buchanan St Email sundy@alliancefc.net (816) 285-7359 H

City North Kansas City State MO Zip 64116-3404 Fax _____

State Association or Affiliate Missouri Youth Soccer Association Guest Referee Applications Accepted: ☐ Yes ☐ No

Location of Tournament or Games North Kansas City MO **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 05/15/2020 - 05/17/2020 Estimated # of Teams 75

Tournament or Games Director or Contact Person Guerrero Pino Phone (816) 285-7359 W

Address 1919 Buchanan St E-mail gory0428@gmail.com H

City North Kansas City State MO Zip 64116-3404 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
R	U08	X	X	8	2	40	4	X	3	300	
S	U09	X	X	14	3	50	7	X	3	450	
S	U10	X	X	14	3	50	7	X	3	450	
S	U11	X	X	16	4	50	9	X	3	500	
S	U12	X	X	16	4	50	9	X	3	500	
S	U13	X	X	18	5	60	11	X	3	575	
S	U14	X	X	18	5	60	11	X	3	575	
S	U15	X	X	18	5	60	11	X	3	575	
S	U16	X		18	5	70	11	X	3	600	
S	U17	X		18	5	70	11	X	3	600	
S	U18	X		18	5	70	11	X	3	600	
S	U19	X		18	5	70	11	X	3	600	

- ☐ **RT RESTRICTED TOURNAMENT** - US Youth Soccer Members and Affiliates only.
- ☐ Teams 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 _____ Date _____

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE Missouri Youth Soccer Association Date 01/15/2020



By Mitch Cissell Title State Registrar

*Missouri Youth Soccer Association | 926 Hemsath Rd, Suite 102 | St. Charles, Missouri 63303**

APPROVED

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.