



US Youth Soccer/Missouri Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Fall Kick Off Friendlies Website URL: www.tonyglavin.com / loufuszathletic.com

Hosting Organization Eastern District - Tony Glavin Soccer Club Type of Tournament: ☒ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Tony Glavin Title _____ Phone (636) 939-5151 W

Address PO Box 17 Email deedee.tgsc@att.net (636) 939-5151 H

City Cottleville State MO Zip 633380017 _____ Fax

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

Location of Tournament or Games Cottleville MO **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 08/06/2021 - 08/08/2021 Estimated # of Teams 250

Tournament or Games Director or Contact Person DeeDee Rood Franco Carotenuto Phone (636) 939-5151 W

Address PO Box 17 E-mail franco.carotenuto@fusz.com _____ H

City Cottleville State MO Zip 63338-0017 _____ 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
S U09		X	X	12	6	50 min	7		2	325	
S U10		X	X	12	6	50 min	7		2	325	
S U11		X	X	16	6	60 min	9		2	395	
S U12		X	X	16	6	60 min	9		2	395	
S U13		X	X	22	6	60 min	11		2	475	
S U14		X	X	22	6	60 min	11		2	475	
S U15			X	22	6	60 min	11		2	475	
S U16			X	22	6	60 min	11		2	475	
S U17			X	22	6	60 min	11		2	475	
S U18			X	22	6	60 min	11		2	475	
S U19			X	22	6	60 min	11		2	475	

- ☐ **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 01/19/2021



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.