



US Youth Soccer/Missouri Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Ravens Futsal Melee VIII Website URL: http://bsaravens.org/ravens-futsal-melee/

Hosting Organization Central District - Boonville Soccer Academy Type of Tournament: ☐ Select ☐ Recreational ☒ Select&Rec

Designate Official of Hosting Organization Stacy Wessing Title _____ Phone (660) 882-3560 W

Address 611 6th St Email registrar@bsaravens.org (660) 882-3560 H

City Boonville State MO Zip 65233-1504 _____ Fax

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

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

Date(s) of Tournament or Games 02/14/2020 - 02/16/2020 Estimated # of Teams 40

Tournament or Games Director or Contact Person Stacy Wessing Phone (573) 999-1200 W

Address 211 Roe St E-mail director@bsaravens.org _____ H

City Pilot Grove State MO Zip 65276-1028 _____ 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
SR	U10		X	9	3	36	5	X	3	275	
SR	U10	X		9	3	36	5	X	3	275	
SR	U11		X	9	3	36	5	X	3	275	
SR	U11	X		9	3	36	5	X	3	275	
SR	U12		X	9	3	36	5	X	3	275	
SR	U12	X		9	3	36	5	X	3	275	
SR	U13		X	9	3	44	5	X	3	275	
SR	U13	X		9	3	44	5	X	3	275	
SR	U14		X	9	3	44	5	X	3	275	
SR	U14	X		9	3	44	5	X	3	275	
SR	U15		X	9	3	44	5	X	3	275	
SR	U15	X		9	3	44	5	X	3	275	
SR	U17		X	9	3	44	5	X	3	275	
SR	U17	X		9	3	44	5	X	3	275	
SR	U19		X	9	3	44	5	X	3	275	

- ☐ **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 10/11/2019



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.