



US Youth Soccer/Missouri Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Midwest Fall Invitational Website URL: https://www.loufuszsoccer.com/midwest-

Hosting Organization Eastern District - Lou Fusz Athletic Type of Tournament: ☒ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Dan Gargan Title _____ Phone _____ W

Address 1 Rams Way Email mimi.christy@fusz.com _____ H

City Earth City State MO Zip 63045-1523 _____ Fax

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

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

Date(s) of Tournament or Games 09/25/2020 - 09/27/2020 Estimated # of Teams 360

Tournament or Games Director or Contact Person Franco Carotenuto Phone (480) 889-4628 W

Address 1 Athletic Way E-mail tournaments@loufuszathletic.com _____ H

City Earth City State MO Zip 63045-1523 _____ 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	U08	X	X	12	6	50	7	X	3	675	
S	U09	X	X	12	6	50	7	X	3	675	
S	U10	X	X	12	6	50	7	X	3	675	
S	U11	X	X	16	6	60	9	X	3	775	
S	U12	X	X	16	6	60	9	X	3	775	
S	U13	X	X	18	6	60	11	X	3	875	
S	U14	X	X	18	6	60	11	X	3	875	
S	U15	X	X	18	6	60	11	X	3	875	
S	U16		X	20	6	80	11		3	875	
S	U17		X	20	6	80	11		3	875	
S	U18		X	20	6	80	11		3	875	
S	U19		X	20	6	80	11		3	875	

- ☒ **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 10/30/2019



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.



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City Earth City State MO Zip 63045-1523 _____ Fax

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

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

Date(s) of Tournament or Games 09/25/2020 - 09/27/2020 Estimated # of Teams 360

Tournament or Games Director or Contact Person Jimi Barbarotta Phone (480) 889-4628 W

Address 1690 W Ashley Rd, # ATTN JIMI E-mail director@tournamentgurus.com _____ H

City Boonville State MO Zip 65233-2740 _____ 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	U08	X	X	12	6	50	7	X	3	675	
S	U09	X	X	12	6	50	7	X	3	675	
S	U10	X	X	12	6	50	7	X	3	675	
S	U11	X	X	16	6	60	9	X	3	775	
S	U12	X	X	16	6	60	9	X	3	775	
S	U13	X	X	18	6	60	11	X	3	875	
S	U14	X	X	18	6	60	11	X	3	875	
S	U15	X	X	18	6	60	11	X	3	875	
S	U16		X	20	6	80	11		3	875	
S	U17		X	20	6	80	11		3	875	
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