



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

CHICAGO MAGIC

Name of Tournament or Games FALL BEST OF MIDWEST Website URL: http://www.indianamagic.net
 Hosting Organization INDIANA MAGIC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization KEN KLEIN Title TOURNAMENT DIRECTOR Phone 219 696-2800 W
 Address 17151 MORSE STREET Email kklein@sacoindustries.com Phone (219) 765-3864 H
 City LOWELL State IN Zip Code 46356 Phone (219) 696-2253 FAX
 State Association or Affiliate INDIANA YOUTH SOCCER ASSOCIATION Guest Referees Applications Accepted Yes No
 Location of Tournament or Games HEBRON (LOWELL) **TEAM ENTRY DEADLINE:** 9/10/2010
 Date(s) of Tournament or Games 9/18 & 9/19/2010 Estimated # of Teams 250-300
 Tournament or Games Director or Contact Person KEN KLEIN Phone 219 765-3864 W
 Address 17151 MORSE STREET Email kklein@sacoindustries.com Phone 219 765-3864 H
 City LOWELL State IN Zip Code 46356 Phone 219 696-2253 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-	19	8/1/	91	S1, S2, S3 & S4	<input type="checkbox"/>	X	22	5	70	11	X	3	500	<input type="checkbox"/>
U-	18	8/1/	92	S1, S2, S3 & S4	<input type="checkbox"/>	X	22	5	70	11	X	3	500	<input type="checkbox"/>
U-	17	8/1/	93	S1, S2, S3 & S4	<input type="checkbox"/>	x	22	5	70	11	X	3	500	<input type="checkbox"/>
U-	16	8/1/	94	S1, S2, S3 & S4	<input type="checkbox"/>	x	22	5	70	11	X	3	500	<input type="checkbox"/>
U-	15	8/1/	95	S1, S2, S3 & S4	<input type="checkbox"/>	X	18	5	70	11	X	3	500	<input type="checkbox"/>
U-	14	8/1/	96	S1, S2, S3 & S4	x	x	18	5	60	11	X	3	500	<input type="checkbox"/>
U-	13	8/1/	97	S1, S2, S3 & S4	x	x	18	5	60	11	X	3	500	<input type="checkbox"/>
U-	12	8/1/	98	S1, S2, S3 & S4	x	x	14	5	60	8	X	3	450	<input type="checkbox"/>
U-	11	8/1/	99	S1, S2, S3 & S4	x	x	14	5	60	8	X	3	450	<input type="checkbox"/>
U-	10	8/1/	00	S1, S2, S3 & S4	x	X	12	5	60	6	Note	3	450	<input type="checkbox"/>
U-	9	8/1/	01	S1, S2, S3 & S4	x	x	12	5	60	6	Note	3	450	<input type="checkbox"/>

Note: Participation Awards for U9 & U10 brackets.

*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.
 Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: US CLUB SOCCER
 International Teams as listed: CANADA & MEXICO

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.

APPROVED

Signature of Designated Official of Hosting Organization

Ken Klein



Date 5/9/2010

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

INDIANA

Date 6-23-10

By

Sarah Coatsworth

Title

Dir Member Services