



APPLICATION TO HOST A TOURNAMENT OR GAMES

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

Please Type or Print Clearly - Do Not Staple

Name of Tournament or Games 17th Annual George Pratt Memorial Columbus Day Tournament. Website URL: www.capeexpress.com

Hosting Organization Cape Express Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Mike Granigan Title President Phone (609)602-0432 C

Address 7 W. Romney Place Email mikegranigan@comcast.net Phone () H

City Cape May Court House State NJ Zip Code 08210 Phone 609)465-6585 FAX

Location of Tournament or Games Cape May County, New Jersey **TEAM ENTRY DEADLINE:** July 1st, 2009

Date(s) of Tournament or Games October 10th & 11th, 2009 Estimated # of Teams 200

Tournament or Games Director or Contact Person Steve Wilson Phone 609-602-3783 C

Address 3 Park Ct. Email prattdirector@comcast.net Phone () H

City Cape May Court House State NJ Zip Code 08210 Phone 609-886-1339 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- 8 8/1/	F,G,H	Y	Y	14	3	50	8	participation	3	\$430	No
U- 9 8/1/	F,G,H	Y	Y	14	3	50	8	participation	3	\$430	No
U- 10 8/1/	F,G,H	Y	Y	14	3	50	8	participation	3	\$430	No
U- 11 8/1/	F,G,H	Y	Y	18	3	60	11	1st & 2nd	3	\$490	No
U- 12 8/1/	F,G,H	Y	Y	18	3	60	11	1st & 2nd	3	\$490	No
U- 13 8/1/	F,G,H	Y	Y	18	3	60	11	1st & 2nd	3	\$490	No
U- 14 8/1/	F,G,H	Y	Y	18	3	60	11	1st & 2nd	3	\$490	No
U- 8/1/											
U- 8/1/											
U- 8/1/											

*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.

International Teams as listed: _____

UT UNRESTRICTED TOURNAMENT Other US Soccer Members 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: _____

By: *Thomas Wilson* Title: 2ndvp

STATE APPROVAL (For Official Use)

OFFICE

Date: **JUN 10 2009**

MAY 08 2009