



A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Brigade Invitational Website URL: www.bakersfieldbrigade.com

Hosting Organization BBYSC Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Kathryn Ferguson Title Tournament Director Phone 661 342-8759 W

Address 4029 Coffee Road Email Tournament@bbysc.com Phone 661 695-5111 H

City Bakersfield State CA Zip Code 93308 Phone 661 410-1615 FAX

State Association or Affiliate Cal South Guest Referees Applications Accepted Yes No

Location of Tournament or Games Kern County Soccer Park **TEAM ENTRY DEADLINE:** 12-26-09

Date(s) of Tournament or Games January 23rd & 24th, 2010 Estimated # of Teams 120

Tournament or Games Director or Contact Person Kathryn Ferguson Phone 661 342-8759 W

Address 4029 Coffee Road Email tournament@bbysc.com Phone 661 695-5111 H

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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-8/9	B	8/1/	01	S1, S2, S3, S4, RT, ODP, National Team	X	X	14	14	50 min	8	X	3	450	<input type="checkbox"/>
U-09		8/1/	00	S1, S2, S3, S4, RT, ODP, National Team	X	X	14	14	50 min	8	X	3	450	<input type="checkbox"/>
U-10		8/1/	99	S1, S2, S3, S4, RT, ODP, National Team	X	X	14	14	50 min	8	X	3	450	<input type="checkbox"/>
U-11		8/1/	98	S1, S2, S3, S4, RT, ODP, National Team	X	X	18	18	60 min	11	X	3	450	<input type="checkbox"/>
U-12		8/1/	97	S1, S2, S3, S4, RT, ODP, National Team	X	X	18	18	60 min	11	X	3	450	<input type="checkbox"/>
U-13		8/1/	96	S1, S2, S3, S4, RT, ODP, National Team	X	X	18	18	60 min	11	X	3	450	<input type="checkbox"/>
U-14		8/1/	95	S1, S2, S3, S4, RT, ODP, National Team	X	X	18	18	60 min	11	X	3	450	<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

*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.

Open will be restricted to teams within the state association

Teams will be invited from all US Youth State Associations/Affiliates only. CYSA North, US Club Soccer, AYSO, other USSF Affiliated Members

Other US Soccer Members as listed: _____



UNRESTRICTED TOURNAMENT

International 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 _____

Kathryn Ferguson

Date 04-29-08

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Cal South
Adriana Margary

Date 5/10/08
Title Office Manager