



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Midwest Cup Soccer Tournament Website URL: http://www.midwestcupsoccer.com

Hosting Organization Campton United Soccer Club Type of Tournament: Select & Competitive

Designated Official of Hosting Organization Douglas Stoneman Title President/Tournament Director Phone (630) 750-6974 W

Address P.O. Box 1187 Email cusc@comcast.net Phone (630) 377-9292 H

City St. Charles State Illinois Zip Code 60174 Phone () - - Fax

State Association or Affiliate _____ Guest Referees Applications Accepted No

Location Of Tournament or Games West Side Community Park **Team Entry Deadline:** 4/19/2010 12:00:00AM

Date(s) of Tournament or Games 5/28/2010 TO 5/31/2010 Estimated No Teams 200

Tournament or Games Director or Contact Person Douglas Stoneman Phone (630) 377-9292 W

Address P.O. Box 1187 Email stone61@comcast.net Phone (630) 750-6974 H

City St. Charles State Illinois Zip Code 60174 Phone () - - Fax

Age Groups Accepted	Type(s) of Team Accepted *	Gender			Roster Size	# Guest Players Allowed	Length Of Games	# Players On Field	Awards	Min # Of Games	Entry Fee	Bond	
		B	G	Both									
U-8	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	5	40	5	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-8	8/1/ ____	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	5	40	6	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-9	8/1/ ____	S1-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-10	8/1/ ____	S1-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-11	8/1/ ____	S1-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-12	8/1/ ____	S1-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-13	8/1/ ____	S1-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-14	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-15	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-16	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-17	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U-18	8/1/ ____	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$525	<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

Team will be restricted to teams within the state association.

UT Unrestricted Tournament

Other US Soccer Members as listed: US Club

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.

Approval

Approved: 12/11/2009



I. DEFINITIONS OF TYPES OF TOURNAMENTS AND TEAMS

(Place corresponding letter in appropriate space on application.)

TYPES OF TOURNAMENTS

- UT** **UNRESTRICTED TOURNAMENT:** A tournament that is open to all Federation affiliated participants. Any tournament that allows international participants must be an Unrestricted Tournament.
- RT** **RESTRICTED TOURNAMENT:** A tournament that is open only to members of US Youth Soccer and its State Associations.

SELECT TEAMS (teams formed by a selection or tryout process):

- S1** generally a team which competes at the highest level of play in a state or region
- S2** generally a team which competes at other than the highest level of play in a state or region
- S3** generally a team which competes in a local area or state

TOURNAMENT SELECT TEAMS

- S4** a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes select players who are members of one club.

RECREATIONAL TEAMS

- RT** a team which was formed in a random nature without regard to players' abilities.

US YOUTH SOCCER ODP TEAMS

- ODP Team:** the official US Youth Soccer Olympic Development team of US Youth Soccer, any of its regions, a State Association, an Affiliate, other Organization Member, or any district or geographical subdivisions thereof.

NATIONAL TEAMS

- NATIONAL TEAM:** the official national team of US Soccer or any other member of FIFA.

II. HOSTING RESTRICTED AND UNRESTRICTED TOURNAMENTS AND GAMES

APPLYING TO HOST RESTRICTED TOURNAMENTS OR GAMES

1. These procedures apply when hosting ONLY US Youth Soccer State Associations or US Youth Soccer Affiliates teams for tournaments or games.
2. Applications, agreements to host and other required information must be submitted as provided by the designated approving associations or affiliate to include:

Not later than the date established by the State Association or Affiliate for submitting an **Application to Host a Tournament or Games**, the hosting organization must submit to its State Association or Affiliate and, if any game is to be played in another state Association or Affiliate, to that other State Association or Affiliate, for approval a completed **Application to Host a Tournament or Games** signed by the designated official of the hosting organization and the following items:

- a) a completed US Youth Soccer **Tournament or Games Hosting Agreement**, with appropriate supporting documents and information, signed by the president or chief officer or designee of the hosting organization and by the tournament or games director;
- b) a copy of the approved Rules for the Tournament or Games; and
- c) any fees required by the State Association or Affiliate for processing the application. **Incomplete applications will be returned and considered as not having ever been submitted.**

3. The State Association or Affiliate is not required to approve any application not submitted by the deadline established by the State Association or Affiliate. Any application which is not submitted in a timely manner may be subject to late fees if approved. The team must contact its State Association for its specific policies and fees.

4. The State Association or US Youth Soccer Affiliate shall make a determination as to whether or not they will sanction the tournament or games in accordance with the policies they have established within their organization for the sanctioning of tournaments or games.

APPLYING TO HOST UNRESTRICTED TOURNAMENTS INCLUDING INTERNATIONAL TEAMS (TEAMS FROM OUTSIDE THE UNITED STATES) AND OTHER FEDERATION ORGANIZATION MEMBERS

1. The provisions below are **in addition** to those required as stated above under "Applying to Host Restricted Tournaments or Games". All those provisions so stated above must also be complied with.

2. For all tournaments and games involving international teams (teams from outside the United States), the Rules for the Tournament or Games must comply with the following substitution requirements: For matches involving players under 16 years of age, the number of substitutions allowed is as provided by the Rules of the Tournament or Game. For all other matches, the number of substitutions is as agreed to prior to the match and the referee is informed prior to the match of that number. The number agreed to can be as provided in the Rules of the Tournament or Game.

3. The completed US Soccer forms Application to Host a Tournament or Games Involving Foreign Teams and Certification Regarding Compliance with the Ted Stevens and Olympic Amateur Sports Act, must be submitted and approved by the hosting State Association or US Youth Soccer Affiliate and any additional fees required by the State Association, Affiliate and/or the United States Soccer Federation for processing the application.

4. For all teams that are not members of US Youth Soccer or a US Youth Soccer Affiliate, Proof of medical and liability insurance must be provided by their organization of registration.



US Youth Soccer

TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to Douglas Stoneman to hold a tournament

or games at Campton United Soccer Club St. Charles Illinois
(Hosting Organization) (City) (State)

on the dates of 5/28/2010 TO 5/31/2010 we agree to the following conditions:

ABIDE BY RULES: We shall abide by all statements made in our approved US Youth Soccer Application To Host A Tournament or Games, in our tournament invitation, in our tournament rules, in the US Youth Soccer Travel and Tournament Policy and in this US Youth Soccer Tournament or Games Hosting Agreement. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin and that we will not advertise by any means the tournament or games until all approvals are received.

INVITATIONS: The tournament or games approval form shall accompany all tournament or games invitations distributed.

HOUSING: We agree that we will not require a team to use only accommodations approved or provided by the hosting organization or other organization, unless disclosure is made on the tournament application form of the required hotel / motel names and the guaranteed rates.

PROCURING LIABILITY INSURANCE: We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000 / \$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by Illinois

REQUIRING MEDICAL AUTHORIZATIONS: We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form. These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official.

ADVANCE PUBLICATION OF RULES: We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament / games.

CREDENTIALS CHECKS: We agree that we shall conduct credentials checks to ensure that all players are registered with US Youth Soccer or US Soccer or a member thereof or their national association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*. We agree that we will not modify or mark in any way original rosters or member passes; and will not register any player, coach, or team official or issue any member pass.

USE OF US SOCCER REGISTERED REFEREES: We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups:

There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (NOTE: ONLY US Soccer certified assignors may be used.):

Name	<u>Bruce Bode</u>	Phone	<u>(620) 901-7337</u>	W
Address	<u>218 Church St</u>	Email	<u>assigning@foxvalleyrefs.org</u>	H
City	<u>Batavia</u>	State	<u>Illinois</u>	Zip
				<u>60510</u>
		Phone	<u>() -</u>	Fax

AVAILABILITY OF POLICE AND RESCUE SERVICE: We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed. We will use the following methods of contacting emergency services.

TOURNAMENT OR GAME RULES - BEHAVIOR: We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and speculators is appropriately controlled, including specific provisions that---

- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- indicate what procedures will be followed regarding protests and appeals;

- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament / games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club / league of the team; and
- state that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their jurisdictions with regard to any matters arising from the tournament or games.

TOURNAMENT CANCELLATION: We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

POST TOURNAMENT OR GAMES REPORT: We agree that we shall file any required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament / games host from receiving approval for any tournament / games for the following seasonal years until the report is filed. The Post Tournament Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament / games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse.**

Signature of Hosting Organization Designated Official	Signature of Tournament or Games Director
Date	Date

Hosting Organization	<u>Campton United Soccer Club</u>	Phone	<u>(630) 750-6974</u>	W
Address	<u>P.O. Box 1187</u>	Email	<u>cusc@comcast.net</u>	H
City	<u>St. Charles</u>	State	<u>Illinois</u>	
		Zip	<u>60174</u>	
		Phone	<u>() -</u>	Fax

Tournament or Games Headquarters	<u>Pheasant Run Resort</u>	Phone	<u>(630) 474-3272</u>	W
Address	<u>4051 East Main Street</u>	Email	<u>info@pheasantrun.com</u>	H
City	<u>St. Chrles</u>	State	<u>Illinois</u>	
		Zip	<u>60174</u>	
		Phone	<u>() -</u>	Fax