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APPLICATION TO HOST A TOURNAMENT OR GAMES

A Proud Member of US Soccer

Affiliated with the Federation of International and Youth Soccer Associations



Please Type or Print Clearly - Do Not Erase

Name of Tournament or Games: Manalapan Memorial Day Website URL: www.manalapan soccer club.com

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

Designate Official of Hosting Organization: Brad Buttsch Title: President Phone: 732-213-1361 W

Address: 14 Princeton Drive Email: Bradbuttsch@gmail.com Phone: 732-213-1361 H

City: Manalapan State: NJ Zip Code: 07726 Phone: _____ FAX

Location of Tournament or Games: Manalapan + Marlboro NJ TEAM ENTRY DEADLINE: _____

Date(s) of Tournament or Games: May 24-26 Estimated # of Teams: 350

Tournament or Games Director or Contact Person: Brad Buttsch Phone: 732-213-1361 W

Address: 14 Princeton Drive Email: tournament@manalapan soccer club.com Phone: 732-213-1361 H

City: Manalapan State: NJ Zip Code: 07726 Phone: _____ FAX

Age Groups Accepted	Type of Teams	B	G	#Guest Players	Length of games	# Players on Field	Awards	Min # of Games	Entry Fee
U8-20U	T-20U	✓	✓	3	30	7	1,2 Plat	4	\$ 625
U9-20U		✓	✓	3	30	7	1,2 Plat		625
U10-20U		✓	✓	3	30	7	1,2 Plat		625
U11-20U		✓	✓	4	60	9	1,2		675
U12-20U		✓	✓	4	60	9	1,2		675
U13-20U		✓	✓	4	60	11	1,2		725
U14-20U		✓	✓	5	60	11	1,2		725
U15-20U		✓	✓	5	60	11	1,2		725
U16-20U		✓	✓	5	60	11	1,2		725
U17-20U		✓	✓	5	70	11	1,2		750
U18-20U		✓	✓	5	70	11	1,2		750
U19-20U		✓	✓	5	70	11	1,2		750

*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: US Club Cards

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 applicable State Association or Affiliate

Signature of Designated Official of Hosting Organization: _____

[Handwritten Signature]

Date: 2/11/19

APPROVAL (For Official Use Only)

By: *[Signature]* Title: 2nd VP

DATE: 2-20-19

STATE OFFICE NJYS