



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 Penn Legacy Safelite 3v3 Tournament Website URL: pennlegacy.org/tournaments.html
 Hosting Organization Penn Legacy Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Ray Keene Title VP of Futures Phone 717 330-2483 W
 Address P.O. Box 216 Email fuzzyminiwan@yahoo.com Phone 717 330-2483 H
 City Landisville State PA Zip Code 17538 Phone 717 330-24 FAX
 State Association or Affiliate EPYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games The Junction Center Campus **TEAM ENTRY DEADLINE:** 7/15/2018
 Date(s) of Tournament or Games 7/28/18 + 7/29/18 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Ray Keene Phone () _____ W
 Address 3084 Todd Ln. Email fuzzyminiwan@yahoo.com Phone 717 330-2483 H
 City Lancaster State PA Zip Code 17601 Phone () _____ 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- 7 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 8 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 9 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 10 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 11 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 12 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 13 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<input type="checkbox"/>
U- 14 8/1/	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	0	25	3	<input checked="" type="checkbox"/>	4	180	<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.
- 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: _____
- International
- Teams as listed: UT

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 2/14/18

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Frank J. [Signature] Date 12 April 2018
 Title DIRECTOR OF OPERATIONS

