



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 West Des Moines Premier Games Website URL: www.wdmsoccerclub.org

Hosting Organization West Des Moines Soccer Club Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Mike Hopson Title Club President Phone (515) 480-0375 W

Address 201 30th Street Email mhopson@unitedfincorp.com Phone (515) 480-0375 H

City West Des Moines State IA Zip Code 50265 Phone ( ) \_\_\_\_\_ FAX \_\_\_\_\_

State Association or Affiliate Iowa Soccer Association Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games James W Cownie Soccer Park/Hidden Valley Soccer Complex TEAM ENTRY DEADLINE: 02/28/2009

Date(s) of Tournament or Games April 4-5, 2009 Estimated # of Teams 96

Tournament or Games Director or Contact Person Larry Conklin Phone (515) 491-7457 W

Address 2500 Countryside Drive Email b-lconklin@msn.com Phone (515) 224-1787 H

City West Des Moines State IA Zip Code 50265 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- 11 8/1/ 97	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60 min	8	<input checked="" type="checkbox"/>	4	\$500	<input type="checkbox"/>
U- 12 8/1/ 96	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60 min	8	<input checked="" type="checkbox"/>	4	\$500	<input type="checkbox"/>
U- 12 8/1/ 96	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60 min	11	<input checked="" type="checkbox"/>	4	\$575	<input type="checkbox"/>
U- 13 8/1/ 95	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60 min	11	<input checked="" type="checkbox"/>	4	\$575	<input type="checkbox"/>
U- 14 8/1/ 94	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60 min	11	<input checked="" type="checkbox"/>	4	\$575	<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"/>
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: 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.

Signature of Designated Official of Hosting Organization Mike Hopson

Date 7/30/08

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Iowa Soccer Assn  
Harold Kahler

Date 8-5-08  
Title Executive Director