



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 SuperClubs Champions Cup Website URL: www.upper90.com  
 Hosting Organization Mike Rose Soccer Complex Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Kim Talley Title General Manager Phone 901 751-4223 W  
 Address 9000 E. Shelby Dr. Email info@mikerosesoccercomplex.com Phone ( ) \_\_\_\_\_ H  
 City Memphis State TN Zip Code 38125 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Mike Rose Soccer Complex **TEAM ENTRY DEADLINE:** 8/19/2011  
 Date(s) of Tournament or Games September 17-18, 2011 -Estimated # of Teams 150+  
 Tournament or Games Director or Contact Person Brian Peel Phone 913 851-9898 W  
 Address 8255 Melrose Email brian@kclegendssoccer.com Phone (913) 851-9898 H  
 City Lenexa State KS Zip Code 66214 Phone (913) 851-3431 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- 8	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2 x 25 min.	8 v 8	<input checked="" type="checkbox"/>	3	470	<input type="checkbox"/>
U- 9	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2 x 25 min.	8 v 8	<input checked="" type="checkbox"/>	3	470	<input type="checkbox"/>
U- 10	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2 x 25 min.	8v8, 11v11	<input checked="" type="checkbox"/>	3	470	<input type="checkbox"/>
U- 11	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2 x 30 min.	8v8, 11v11	<input checked="" type="checkbox"/>	3	570	<input type="checkbox"/>
U- 12	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14/18	5	2 x 30 min.	11 v 11	<input checked="" type="checkbox"/>	3	570	<input type="checkbox"/>
U- 13	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 35 min.	11 v 11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 14	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 35 min.	11 v 11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 15	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 40 min.	11 v 11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 16	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22	5	2 x 40 min.	11 v 11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 17	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22	5	2 x 40 min.	11 v 11	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 18	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22	5	2 x 40 min.	11 v 11	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 19	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18-22	5	2 x 40 min.	11 v 11	<input checked="" type="checkbox"/>	3	675	<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: All State Associations, US Club, ODP and Super League  
 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 Kimberly A. Talley Date 6/1/11

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Tennessee State Soccer Assoc Date 6/6/11  
 By [Signature] Title \_\_\_\_\_  
**Executive Director**