



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Arsenal Invitational 15t Annual Website URL: www.helenasoccer.org

Hosting Organization Helena Youth Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Phil McGovern Title Executice Director Phone () 4064313064 W

Address PO Box 6972 Email info@helenasoccer.org Phone () _____ H

City Helena State MT Zip Code 59604 Phone () _____ FAX

State Association or Affiliate Montana Youth Soccer Association Guest Referees Applications Accepted Yes No

Location of Tournament or Games Siebel Soccer Complex **TEAM ENTRY DEADLINE:** April 30, 2018

Date(s) of Tournament or Games May 19-20 Estimated # of Teams 88

Tournament or Games Director or Contact Person Phil McGovern Phone () 4064313064 W

Address same as above Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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-	10s	8/1	2008	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-	11s	8/1	2007	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17	5	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-	12s	8/1	2006	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17	5	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-	13s	8/1	2005	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	14s	8/1	2004	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	15s	8/1	2003	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	16s	8/1	2002	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	17s	8/1	2001	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	18s	8/1	2000	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	19s	8/1	1999	UTS1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	575	<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: Canadian teams

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 11-26/18

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Shelly Cornell, State Administrator
Montana Youth Soccer Association

Date

2/22/2018

Title

State Admin