



SOCCER ASSOCIATION FOR YOUTH

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**A National Member of the United States Soccer Federation
Affiliated with the Federation Internationale De Football Association**

*******APPLICATION TO HOST TOURNAMENTS OR GAMES*******

Name of Tournament _____

Hosting Team/Club/League/Association _____

Restricted Tournament _____
(SAY Only)

Open Tournament _____
(Open to All Recreational Teams Affiliated with the USSF)

SAYArea _____ District _____

Tournament Director _____ Date Submitted _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Tournament/Game Date(s) _____

SAYAREA Representative _____

Phone Number (Day) _____ E-mail _____

SAYAREA Representative _____ Date _____
Signature

SAYAREA President _____ Date _____
Signature

Entry Fee: \$ _____ Minimum number of games played by each team: _____

The Tournament/Game will include the following categories:

- | | |
|---------------------------|----------------------------|
| ____ Boys Passers (U-8) | ____ Girls Passers (U-8) |
| ____ Boys Wings (U-10) | ____ Girls Wings (U-10) |
| ____ Boys Strikers (U-12) | ____ Girls Strikers (U-12) |
| ____ Boys Kickers (U-14) | ____ Girls Kickers (U-14) |
| ____ Boys Minors (U-16) | ____ Girls Minors (U-16) |
| ____ Boys Seniors (U-19) | ____ Girls Seniors (U-19) |

*******PLEASE ATTACH A COPY OF THE TOURNAMENT RULES*******

(For National Office Use Only)

THIS APPLICATION IS APPROVED

THIS APPLICATION IS NOT APPROVED

SAY National Authorization

Date

In granting this permission to host a tournament or games, neither SAY nor the Area shall be liable for transportation, lodging or injury to person or property sustained in the course of the sanctioned event.