



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 Just for Girls Website URL: www.menacesoccer.com/youth/tournaments

Hosting Organization Des Moines Menace Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Tawnya Mann Title Director of Operations Phone 515 457-6034 W

Address 6400 Westown Plkwy Email Tmm@menacesoccer.com Phone 515 978-4261 H

City West Des Moines State IA Zip Code 50266 Phone 515 226-1595 FAX

State Association or Affiliate ISA Guest Referees Applications Accepted Yes No

Location of Tournament or Games James Cownie Soccer Complex **TEAM ENTRY DEADLINE:** March 13, 2008

Date(s) of Tournament or Games April 12-13, 19-20, 2008 Estimated # of Teams 150

Tournament or Games Director or Contact Person Tawnya Mann Phone 515 457-6034 W

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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/	96	S1, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	12	8/1/	95	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	13	8/1/	94	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	30	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	14	8/1/	93	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	30	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	15	8/1/	92	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	35	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	16	8/1/	91	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	35	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	17	8/1/	90	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	40	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	18	8/1/	89	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	40	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	19	8/1/	88	S1, S2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	40	11	<input checked="" type="checkbox"/>	3	450	<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: _____

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

Tawnya Mann

Date 8-7-07

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Iowa Soccer Assn

Date 8-20-07

By Harold Kehler

Title Executive Director