**US Youth Soccer**
A Proud Member of US soccer

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games: **Spirit United Kickoff Classic - Girls Weekend**
Hosting Organization: **Spirit United Soccer Club**
Website: **www.kickoffclassic.org**

Designate Official of Hosting Organization: **Joe Levan**
Title: **Vice-President**
Address: **PO Box 156 , Downingtown PA 19335**
Telephone: **484-889-6363** (H) **484-889-6363** (W) Email: **joe@kickoffclassic.org**

State Association or Affiliate: **Eastern Pennsylvania Youth Soccer Association**
Location of Tournament or Games: **Downingtown, PA**
Date(s) of Tournament or Games: **8/27/2011 - 8/28/2011** Team Entry Deadline: **6/16/2011**
Estimated Number of Teams: **220**

Address of Field (Tournament Headquarters): **United Sports Training Center 1426 Marshallton-Thorndale Road, Downingtown PA 19335**

Tournament or Games Director or Contact Person: **Joe Levan**
Address: **2020 Garrison Drive , Chester Springs PA 19425**
Telephone: **484-889-6363** (H) **484-889-6363** (W) (FAX) Email: **joe@kickoffclassic.org**

| Age Groups Accepted | Type(s) of Team Accepted | Gender | Roster Size | # Guest Players Allowed | Length of Games | Ball Size | Awards | Min # of Games | Entry Fee | Bond |
|---|---|---|---|---|---|---|---|---|---|---|
| U09 | ABFGHI | F | 14 | 4 | 50 | 4 | 1st, 2nd | 3 | 650 | 0 |
| U10 | ABFGHI | F | 14 | 4 | 50 | 4 | 1st, 2nd | 3 | 650 | 0 |
| U11 | ABFGHI | F | 18 | 4 | 60 | 4 | 1st, 2nd | 3 | 775 | 0 |
| U118 | ABFGHI | F | 14 | 4 | 60 | 4 | 1st, 2nd | 3 | 700 | 0 |
| U12 | ABFGHI | F | 18 | 4 | 60 | 4 | 1st, 2nd | 3 | 775 | 0 |
| U13 | ABFGHI | F | 18 | 4 | 60 | 5 | 1st, 2nd | 3 | 800 | 0 |
| U14 | ABFGHI | F | 18 | 4 | 60 | 5 | 1st, 2nd | 3 | 800 | 0 |

Teams will be invited from: **Foreign Teams (List Below), All US Youth Soccer State Associations, Other US Soccer Member Organizations (List Below)**
**Foreign Teams/State Associations/Affiliates/Other US Soccer Members: **US Club Soccer, AYSO, Canada**

Designate Official of Hosting Organization: Jane Lanker

Date: 5/16/2011

**APPROVAL**
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE: _____ Date: 7/6/11

By: _____ Title: CEO