



US Youth Soccer/Mississippi Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Games MS Brilla Juniors Magnolia Cup Website URL: msbrillafc.org/magnoliacup

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

Designate Official of Hosting Organization Dave Dixon Title Director of Coaching Phone _____ W

Address P.O. Box 281 Email Dave.Dixon@msbrillafc.org (601)924-3475 H

City Clinton State MS Zip 39060 Fax _____

State Association or Affiliate Mississippi Soccer Association Guest Referee Applications Accepted: Yes No

Location of Tournament or Games Clinton **TEAM ENTRY DEADLINE: Feb 12, 2010**

Date(s) of Tournament or Games Feb 26 - Feb 28, 2010 Estimated # of Teams 100

Tournament or Games Director or Contact Person Dave Dixon Phone _____ W

Address P.O. Box 281 E-mail dave.dixon@msbrillafc.org (601)924-3475 H

City Clinton State MS Zip 39060 (601)488-0226 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
U10	8/1/1999	S1-S4	X	X	16	3	40	6	X	3	\$300
U11	8/1/1998	S1-S4	X	X	16	3	50	8	X	3	\$450
U12	8/1/1997	S1-S4	X	X	18	3	50	8	X	3	\$450
U13	8/1/1996	S1-S4	X	X	18	3	60	11	X	3	\$525
U14	8/1/1995	S1-S4	X	X	18	3	60	11	X	3	\$525
U15	8/1/1994	S1-S4	X	X	18	3	70	11	X	3	\$525
U16	8/1/1993	S1-S4	X	X	18	3	70	11	X	3	\$525
U17	8/1/1992	S1-S4	X	X	22	5	80	11	X	3	\$525
U18	8/1/1991	S1-S4	X	X	22	5	80	11	X	3	\$525
U19	8/1/1990	S1-S4	X	X	22	5	80	11	X	3	\$525

- RT RESTRICTED TOURNAMENT** - US Youth Soccer Members and Affiliates only.
- Teams will be restricted to teams within the national state association. Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- Foreign 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 _____ Date _____

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE Mississippi Soccer Association Date 9/23/2009



By Tawni Osbourne Title Programs Administrator

MISSISSIPPI YOUTH SOCCER - P.O. Box 13066, Jackson, MS 39236

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.