



SANCTIONED TOURNAMENT HOSTING APPLICATION

Please submit this completed application, along with a copy of the tournament rules, to US Club Soccer:

- Email: tournament@usclubsoccer.org
- Fax: (843) 614-4146

Please review [Section 7 \(Tournament Rules and Sanctioning\) of the US Club Soccer Policies](#). Signing this application confirms your acceptance of the conditions in the *Sanctioned Tournament Hosting Terms and Fact Sheet for US Club Soccer-Sanctioned Tournament Participants* contained within this packet.

GENERAL INFORMATION:

Name of Tournament:	Performance Cup	
Tournament Website:	www.fcnova.org	
Host Club Member:	FC NOVA	
Tournament Dates:	04/22/2016 - 04/24/2016	
Venue(s) & Owner Name/Address:	FC NOVA FIELDS 3924 E. Lake Hazel Road Meridian, ID 83642	
Outdoor or Indoor Tournament?	<input checked="" type="checkbox"/> - Outdoor <input type="checkbox"/> - Indoor	
Tournament Director:	Name: Nicole Frank Address: 3924 E. Lake Hazel Rd	Email: tournaments@fcnova.org Phone: 208-631-5447
Disciplinary Committee Chairperson:	Name: Nicole Frank Address: 3924 E. Lake Hazel Rd	Email: tournaments@fcnova.org Phone: 208-631-5447

COMPETITION INFORMATION:

1. Type of tournament:	<input checked="" type="checkbox"/> - Unrestricted – open to teams registered with US Club Soccer & other U.S. Soccer Federation affiliate members, & from other countries (w/U.S. Soccer approval). This is the default option, unless you specify otherwise. <input type="checkbox"/> - Restricted – restricted to teams registered through US Club Soccer.		
2. Is/will this tournament be sanctioned by another U.S. Soccer organization member?	<input checked="" type="checkbox"/> - Yes	If yes, which member? US Youth Soccer <input type="checkbox"/> - No	
3. Estimated number of teams:	Male: 100	Female: 100	Coed: <input type="text"/>
4. Number of international teams:	0		
5. States of attending teams:	6		
6. Age groups:	U10 - U19		
7. Playing format (3v3, 11v11, etc.):	U10, 7v7, U11/U12 9v9, U13-U19 11v11		
8. Source of referees:	Idaho		
9. U.S. Soccer-certified referee assignor name:	Name: Al Padley Email: idaho.assignor@gmail.com Phone: 208-841-3560		



Signature of President or Chief Officer of Host Member: [Nicole Frank](#) | Date: [12/09/2015](#)

APPROVAL By _____ Title _____		DENIAL Date _____	APPROVED Date: _____
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