



US Youth Soccer/Illinois Youth Soccer
APPLICATION TO HOST TOURNAMENT OR GAMES IN ILLINOIS
 Print Clearly-Do Not Staple
 Submit one (1) original and three (3) copies to the Illinois Youth Soccer.
 Please Type or Print.

(FORM B)



ENCLOSE MAPS AND DIRECTIONS TO THE TOURNAMENT SITE.

Name of Tournament or Games Grove United Memorial Day Application Date 12/20/07 ^{shoutout}
 Hosting Organization Grove United Soccer Association
 President or Chief Officer of Hosting Organization Cary Claver Phone (847) 366-9033 (O)
 Address 2340 Apple Hill Lane Email Cary-claver@box.rr.com (847) 634-1141 (H)
 City Buffalo Grove State IL Zip 60089 (F)
 Location of Tournament or Games Willow Stream in BG **TEAM ENTRY DEADLINE:** May
 Date(s) of Tournament or Games May 23-26 Estimated Maximum # of Teams 100
 Tournament/Games Director Joel Manning Phone (847) 459-8850 (O)
 Address 5138 Bridlewood Court Email Manning824@aol.com (847) 478-3300 (H)
 City Long Grove State IL Zip 60047 (847) 537-8958 (F)
 Tournament Assignor Joel Manning Phone (847) 459-8850 (O) Email _____
 Tournament Compliance Officer Mike Cruz Phone () (O) Email _____

Age Groups Accepted	Type of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length of Games	Ball Size	Awards	Min # of Games	Entry Fee	Bond
U-8	8/1/99	AFGH	✓	✓	12	3	2x25	4	Participation	4	\$425
U-9	8/1/98		✓	✓	12				↓	↓	
U-10	8/1/97		✓	✓	14				1st & 2nd	3	
U-11	8/1/96		✓	✓	14						
U-12	8/1/95		✓	✓	18		2x30	↓			\$425
U-13	8/1/94		✓	✓	18			5			
U-14	8/1/93		✓	✓	18						
U-15	8/1/92		✓	✓	18						
U-16	8/1/91		✓	✓	18						
U-17	8/1/90		✓	✓	20						

Teams will be invited from: US Youth Soccer State Associations (list below) Foreign Teams (list below*) Other US Soccer Affiliates (list below*)
 If you will be hosting foreign or non-IYSA/USYS teams, you must obtain, complete and submit the appropriate non-IYSA/USYS forms to Illinois Youth Soccer.
 List teams from other State Associations/Foreign countries/Other US Affiliates: Teams will be invited from all states/US
 Signature of President or Chief Officer of Hosting Organization Cary Claver Date 1/5/08 CIVIC
 Signature of Tournament Director Joel Manning Date 1/5/08 SUCCESS

APPROVAL
 (For Official Use Only)
 STATE ASSOCIATION: ILLINOIS YOUTH SOCCER ASSOCIATION Date 1/16/08
 SIGNED BY: [Signature] Title Tournament Director

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

FOR ILLINOIS YOUTH SOCCER USE ONLY:
 Illinois State Referee Approval _____
 IYSA APPROVAL _____
 Application Fee Rcvd - Check #/Date _____ ISRC Assessor Fee Rcvd Check #/Date _____
 Bond Rcvd - Check #/Date _____ Bond Applied to this Tournament _____
 Post Tour Report Rcvd Post Tour Fee Rcvd - Amount/Check/Date _____
 Bond Refunded/Check/Date _____ Date Bond Forfeited _____
 Tournament Assessor Provided by ISRC _____

