



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 Yellowstone Cup 2022 Website URL: www.yellowstonecup.com

Hosting Organization Upper Valley Soccer Foundation Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Holly Allen Title Board Member/Tournament Director Phone () _____ W

Address P.O. Box 261 Email yellowstonecup@gmail.com Phone () _____ H

City Rexburg State Idaho Zip Code 83440 Phone () _____ FAX

State Association or Affiliate Idaho Youth Soccer Guest Referees Applications Accepted Yes No

Location of Tournament or Games Rexburg, Idaho **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games June 9, 10, 11 Estimated # of Teams _____

Tournament or Games Director or Contact Person Holly Allen Phone () _____ W

Address P.O. Box 261 Email yellowstonecup@gmail.com Phone () _____ H

City Rexburg State Idaho Zip Code 83440 Phone () _____ 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
U-	9	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U-	10	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U-	11	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U-	12	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U-	13	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	14	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	15	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	16	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	17	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	18	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	700	<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: _____
- 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

Holly Allen

Digitally signed by Holly Allen
 DN: cn=Holly Allen, o.ou,
 email=yellowstonecup@gmail.com, c=US
 Date: 2022.01.16 16:02:21 -07'00'

Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

IDAHO YOUTH SOCCER

Date 1/17/22

By

[Signature]

Title

E.D