



US Youth Soccer/Mississippi Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Games Frostbite Website URL: _____

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

Designate Official of Hosting Organization Doug Heflin Title President Phone _____ W

Address _____ Email president@starkvillesoccer.com (662)251-5438 H

City _____ State MS Zip _____ Fax _____

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

Location of Tournament or Games Starkville **TEAM ENTRY DEADLINE: Jan 01, 2021**

Date(s) of Tournament or Games Jan 25 - Jan 26, 2020 Estimated # of Teams 70

Tournament or Games Director or Contact Person Doug Heflin Phone _____ W

Address 405 Lynn Lane E-mail president@starkvillesoccer.com (662)251-5438 H

City Starkville State MS Zip 39759 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	8/1/2009	D2	X	X	14	3	48	7	X	3	\$300	
U11	8/1/2008	D1/2	X	X	18	3	60	9	X	3	\$375	
U12	8/1/2007	D1/2	X	X	18	3	60	9	X	3	\$375	
U13	8/1/2006	D1/2	X	X	22	3	70	11	X	3	\$450	
U14	8/1/2005	D1/2	X	X	22	3	70	11	X	3	\$450	
U15	8/1/2004	D1/2	X	X	22	3	80	11	X	3	\$450	
U16	8/1/2003	D1/2	X	X	22	3	80	11	X	3	\$450	
U17	8/1/2002	D1/2	X	X	22	3	80	11	X	3	\$450	
U18	8/1/2001	D1/2	X	X	22	3	80	11	X	3	\$450	
U8	8/1/2011	D2/3	X	X	10	3	40	4	X	3	\$200	
U9	8/1/2010	D2	X	X	14	3	48	7	X	3	\$300	

- 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: US Club
- 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 8/8/2019



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.