



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: NSC Fall Cup

Tournament Website: fallcup.nscsports.org

Host Club Member: Blaine SC

Tournament Dates: 10/5-6/2019

Venue(s) & Owner Name/Address: National Sports Center
1700 105th Ave NE
Blaine, MN 55449

Outdoor or Indoor Tournament? - Outdoor - Indoor

Tournament Director: Name: Jen Een Email: jeen@nscsports.org
Address: National Sports Center Phone: 763-717-3235

Disciplinary Committee Chairperson: Name: Jen Een Email: jeen@nscsports.org
Address: National Sports Center Phone: 763-717-3235

COMPETITION INFORMATION:

1. Type of tournament: - **Unrestricted** - open to teams registered with US Club Soccer & other USSF affiliate members, & from other countries (w/USSF approval). This is the default option, unless you specify otherwise.
 - **Restricted** - restricted to teams registered through US Club Soccer.

2. Is/will this tournament be sanctioned by another U.S. Soccer organization member? - **Yes** If yes, which member? USYS
 - **No**

3. Estimated number of teams: Male: 150 Female: 150 Coed: Total: 300

4. Number of international teams: 10

5. States of attending teams: IA, IL, MN, ND, NE, SD, WI

6. Age groups: 9U, 10U, 11U, 12U, 13U, 14U, 15U, U19

7. Playing format (3v3, 11v11, etc.): 9U/10U - 7v7, 11U/12U - 9v9, 13U-15U, U19

8. Source of referees: USSF Registered Assignor

9. U.S. Soccer-certified referee assignor name: Name: Karah Lodge
Email: referee@nscsports.org
Phone: 763-717-3238



Please mark the checkbox to acknowledge: U.S. Soccer does not permit two-referee systems
Requirement for certified athletic trainers under No. 7 of Hosting Terms page

Signature of President or Chief Officer of Host Member: Date: 12-3-18

AP: By: _____ Tit: _____ **APPROVED**