



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 2024 CommonSpirit Mercy Hosp Website URL: www.durangosoccer.com
 Hosting Organization Durango Youth Soccer Assoc dba RRS Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Doug Wallis/Kathy Wilson Title President/Treasurer Phone () 970-247 W
 Address 862 Main Ave, Ste 203 Email durangoshootout@gmail.com Phone () 970-247 H
 City Durango State CO Zip Code 81301 Phone () 970-247 FAX
 State Association or Affiliate CO and NM Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Durango, CO TEAM ENTRY DEADLINE: April 5, 2024
 Date(s) of Tournament or Games May 10-12, 2024 Estimated # of Teams 130
 Tournament or Games Director or Contact Person Kathy Wilson Phone () 970-247 W
 Address 862 Main Ave, Ste 203 Email durangoshootout@gmail.com Phone () 970-946 H
 City Durango State CO Zip Code 81301 Phone () 970-247 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- 10 1/1/ 14	S1-S4, RT	<input type="checkbox"/>	<input type="checkbox"/>	15	6	50	7	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 11 1/1/ 13	S1-S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 12 1/1/ 12	S1-S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 13 1/1/ 11	S1-S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	720	<input type="checkbox"/>
U- 14 1/1/ 10	S1-S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	720	<input type="checkbox"/>
U- 15 1/1/ 09	S1-S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 16 1/1/ 08	S1-S4, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 17 1/1/ 07	S1-S4, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 18 1/1/ 06	S1-S4, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 19 1/1/ 05	S1-S4, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<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 _____

Date 10-20-23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Colorado

Date 11/14/2023

By [Signature]

Title Outreach Coordinator