



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: 2023 Natick Fall Classic Website URL: www.naticksoccer.org

Hosting Organization: Natick Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization: Peter Henderson Title: Tournament Director Phone () () W

Address: 15 Lacosia Dr Email: phenderson@naticksoccer.org Phone () () 5082451217 H

City: Natick State: MA Zip Code: 01760 Phone () () FAX

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

Location of Tournament or Games: Natick, MA TEAM ENTRY DEADLINE: September 17, 2023

Date(s) of Tournament or Games: October 6th-9th, 2023 Estimated # of Teams: 260

Tournament or Games Director or Contact Person: Peter Henderson Phone () () W

Address: see above Email: see above Phone () () H

City: see above State: see above Zip Code: see above 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- 8	1/1/ 15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	40 min	5	<input type="checkbox"/>	3	\$425	<input type="checkbox"/>
U- 9	1/1/ 14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	50 min	7	<input type="checkbox"/>	4	\$550	<input type="checkbox"/>
U- 10	1/1/ 13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	50 min	7	<input type="checkbox"/>	4	\$550	<input type="checkbox"/>
U- 11	1/1/ 12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50 min	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 12	1/1/ 11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50 min	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 13	1/1/ 10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	50 min	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U- 14	1/1/ 09	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	50 min	11	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
- International Teams as listed: Possibly 1-2 teams from Canada (TBD)

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

[Handwritten Signature]

Date 08/02/2023

APPROVAL *Foreign Team Acceptance must be approved by the company approval letter before
(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Carol Ann Bruno

Date Aug 4, 2023
Title Office Admin

[Handwritten notes: Before Oct 5th 2023]