



**US Youth Soccer**  
A Proud Member of US soccer

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games: **Blitz United Under Armour Sophomore/Junior/Senior Combine and Showcase**

Hosting Organization: **Blitz United Soccer Club/Tulsa United Soccer Club**

Website: **www.blitzunited.org**

Designate Official of Hosting Organization: **John Redmond**

Title: **Vice President**

Address: **11101 East 84th Street , Tulsa OK 74133**

Telephone: **918-294-9191** (H) Email: **tournament@blitzunited.com**

State Association or Affiliate: **Oklahoma Soccer Association**

Location of Tournament or Games: **Tulsa United Soccer Club**

Date(s) of Tournament or Games: **7/31/2010 - 8/1/2010** Team Entry Deadline: **7/10/2010**

Estimated Number of Teams: **100**

Address of Field (Tournament Headquarters): **Tulsa United Soccer Complex 3600 South 103rd East Ave., Tulsa OK 74146**

Tournament or Games Director or Contact Person: **Shawn Slater**

Address: **6104 S 87th East Ave. Apt. K , Tulsa OK 74133**

Telephone: **918-734-8372** (H) (W) (FAX) Email: **slater13@tulsacoxmail.com**

Age Groups Accepted	Type(s) of Team Accepted	Gender	Roster Size	# Guest Players Allowed	Length of Games	Ball Size	Awards	Min # of Games	Entry Fee	Bond
U16	FGH	F M	18	3	80	5	None	3	595	0
U17	FGH	F M	22	3	80	5	None	3	595	0
U18	FGH	F M	22	3	90	5	None	3	595	0
U19	FGH	F M	22	3	90	5	None	3	595	0

Teams will be invited from: **All US Youth Soccer State Associations,**

**\*\*Foreign Teams/State Associations/Affiliates/Other US Soccer Members: "All tournament participants must abide by the Oklahoma Soccer Association's and US Youth's policies, rules, and regulations and are subject to their disciplinary actions. Any teams wishing to participate in the tournament that are not US Youth members will be required to provide proof of medical and liability insurance. Any team that cannot provide such proof will be required to purchase the Oklahoma Soccer Association's event insurance.**

Designate Official of Hosting Organization: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL**

(For Official Use Only)

STATE

ASSOCIATION \_\_\_\_\_ Date: \_\_\_\_\_

OR AFFILIATE:

By: \_\_\_\_\_ Title: \_\_\_\_\_