



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: Capital Fall Classic Boys Weekend

Tournament Website: http://fallclassic.strikerstournaments.com/

Host Club Member: Richmond Strikers

Tournament Dates: November 11-12, 2017

Venue(s) & Owner Name/Address: Richmond Strikers
4202 D Park Place Court
Glen Allen, VA 23060

Outdoor or Indoor Tournament? - Outdoor - Indoor

Tournament Director: Name: Steve D'Adamo Email: fallclassic@richmondstrikers.com
Address: 4202D Park Place Ct Phone: 1.877.644.6356

Disciplinary Committee Chairperson: Name: Steve D'Adamo Email: fallclassic@richmondstrikers.com
Address: 4202D Park Place Ct Phone: 1.877.644.6356

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: 250 Female: Coed: Total: 250

4. Number of international teams: 0

5. States of attending teams: 30

6. Age groups: U9-U19

7. Playing format (3v3, 11v11, etc.): 7v7, 9v9, 11v11

8. Source of referees: USSF

9. U.S. Soccer-certified referee assignor name: Name: Beth Hatchel
Email: cvsra.assignor@gmail.com
Phone: 804-744-4900



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: [Signature] Date: 6-19-17

APPROVA
By [Signature]
Title _____

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