



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 Virginia Cannon Cup Website URL: http://www.vsaonline.org/tournaments
 Hosting Organization Virginia State Soccer - Virginia Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Michael Bachman Title _____ Phone () _____ W
 Address PO Box 101 Email atrask@vsaonline.org Phone (703) 888-7849 H
 City Haymarket State VA Zip Code 20168 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games _____ TEAM ENTRY DEADLINE: 05/01/2022
 Date(s) of Tournament or Games 05/28/2022 - 05/29/2022 Estimated # of Teams 220
 Tournament or Games Director or Contact Person Alli Trask Phone () _____ W
 Address PO Box 101 Email atrask@vsaonline.org Phone (703) 888-7849 H
 City Haymarket State VA Zip Code 20168 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- 09	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	50	7	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U- 10	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	50	7	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 11	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	60	9	<input checked="" type="checkbox"/>	3	765	<input type="checkbox"/>
U- 12	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	60	9	<input checked="" type="checkbox"/>	3	765	<input type="checkbox"/>
U- 13	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	820	<input type="checkbox"/>
U- 14	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	820	<input type="checkbox"/>
U- 15	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	820	<input type="checkbox"/>
U- 16	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	820	<input type="checkbox"/>
U- 17	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	820	<input type="checkbox"/>
U- 19	T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	820	<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 (Open to all Federation affiliated participants)
 International 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

Alli Trask

Digitally signed by Alli Trask
 Date: 2021.09.15 16:13:15 -04'00'

Date 9/15/2021

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

VISA
[Signature]

Date

Title

9/16/2021
Executive Director