



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games VT Alliance Cup Website URL: www.farpostsoccerclub.com
 Hosting Organization Queen City FC & Far Post SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Shane Bufano/Shelley Forrest Title Co-Director Phone () 802-310-4098 W
 Address 128 Calkin Dr Email Shane@queencityfootballclub.com Phone () 802-238-0671 H
 City South Burlington State Vt Zip Code 05403 Phone () _____ FAX
 State Association or Affiliate Vermont Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Dorset Park/ South Burlington HS/St Mikes **TEAM ENTRY DEADLINE:** June 5, 2024
 Date(s) of Tournament or Games June 21, 22, 23 Estimated # of Teams 95
 Tournament or Games Director or Contact Person Shane Bufano or Shelley Forrest admin@farpostsoccerclub.com Phone () 802-310-4098 W
 Address 128 Calkin Dr Email shane@queencityfootballclub.com Phone () _____ H
 City South Burlington State VT Zip Code 05403 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- 10 1/1/	premier/club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	4	50	7	<input type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 12 1/1/	premier/club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17	4	50	9	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 14 1/1/	premier/club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	60	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 16 1/1/	premier/club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	60	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 19 1/1/	premier/club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	\$575	<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"/>
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 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 2/12/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Vermont Soccer Association

Date 2/14/24

By Meg Mason

Title Executive Director