



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 DESERT CLASSIC 2023 Website URL: WWW.SCDELSOL.OCT.COM
 Hosting Organization SCDELSOL Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization MAT EVANS Title TOURNAMENT DIRECTOR Phone (480) 747 3771 W
 Address PO Box 30662 Email DESERTCLASSIC@SCDELSOL.COM Phone () _____ H
 City PHX State AZ Zip Code 85046 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games REACH II, BELL BANK PARK TEAM ENTRY DEADLINE: JANUARY JANUARY 16th 2023
 Date(s) of Tournament or Games FEBRUARY 10, 11, 12 2023 Estimated # of Teams 350
 Tournament or Games Director or Contact Person MAT EVANS Phone 480 747 3771 W
 Address _____ Email _____ Phone () _____ H
 City _____ State _____ Zip Code _____ 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- 7	11/1 16	SI, S2, S3, RT OTHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	40	4	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U- 8	11/1 15		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	40	4	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U- 9	11/1 14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input type="checkbox"/>	3	595	<input type="checkbox"/>
U- 10	11/1 13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input type="checkbox"/>	3	595	<input type="checkbox"/>
U- 11	11/1 12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 12	11/1 11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 13	11/1 10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 14	11/1 9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 15	11/1 8		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 16	11/1 7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U 17	6				22	5	80	11	X	3	995	
U 18												
U 19												

*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: _____
 International _____
 Teams as listed: UK, CANADA, MEXICO

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 [Signature] Date 2/24/22

APPROVAL
 (For Official Use Only) STATE ASSOCIATION OR AFFILIATE [Signature] Date 5.13.22
 By Joanna Maclean Title Director of Competition