



APPLICATION TO HOST A TOURNAMENT OR GAMES

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly - Do Not Staple

Name of Tournament or Games TMT SPRING KICKOFF Website URL: www.tmtevents.net

Hosting Organization TMT TOURNAMENTS / SPORTSZONE Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization MIKE HAMMER Title MANAGING DIRECTOR Phone () 732 887-2430 W

Address 522 ROUTE 9 NORTH Email INFO@TMTEVENTS.NET Phone () H

City MANALAPAN State NJ Zip Code 07726 Phone () FAX

Location of Tournament or Games FRIENDSHIP FIELDS / BORDENTOWN TEAM ENTRY DEADLINE: MARCH 10TH

Date(s) of Tournament or Games MARCH 24TH & 25TH 2018 Estimated # of Teams 125

Tournament or Games Director or Contact Person MIKE HAMMER Phone 732 887-2430 W

Address 522 ROUTE 9 NORTH Email MIKE@TMTEVENTS.NET Phone () H

City MANALAPAN, NJ State NJ Zip Code 07726 Phone () FAX

Age Groups Accepted	Type of Teams	B	G	#Guest Players	Length of games	# Players on Field	Awards	M in # of Games	Entry Fee
8U 10	TRAVEL	Y	Y	3	50	7 V 7	1 ST	2	\$300.00
9U 10	TRAVEL	Y	Y	3	50	7 V 7	1 ST	2	\$300.00
10U 10	TRAVEL	Y	Y	3	50	7 V 7	1 ST	2	\$300.00
11U 10	TRAVEL	Y	Y	3	50	9 V 9	1 ST	2	\$350.00
12U 10	TRAVEL	Y	Y	3	50	9 V 9	1 ST	2	\$350.00
13U 10	TRAVEL	Y	Y	3	50	11 V 11	1 ST	2	\$350.00
14U 10	TRAVEL	Y	Y	3	50	11 V 11	1 ST	2	\$350.00
15U 10	TRAVEL	Y	Y	3	50	11 V 11	1 ST	2	\$350.00
16U 10	TRAVEL	Y	Y	3	50	11 V 11	1 ST	2	\$350.00
17-19U 10	TRAVEL	Y	Y	3	50	11 V 11	1 ST	2	\$350.00
*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.

International Teams as listed: _____

UT UNRESTRICTED TOURNAMENT Other US Soccer Members 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: [Signature] Date: _____

By: Mallio Hernandez Title: 2ndvp

APPROVAL (For Official Use Only) STATE NJYS OFFICE

Date: SEP 20 2017