



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 Kick or Treat Website URL: www.lawtonsoccerclub.org

Hosting Organization Lawton Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Carl Torkelson Title President Phone () 5806992 W

Address 1697 SE Sharps Lane Email president.lawtonsc@gmail.co Phone () 7193318 H

City Lawton State OK Zip Code 73501 Phone () NA FAX

State Association or Affiliate OSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Lawton Soccer Club TEAM ENTRY DEADLINE: September 28, 2024

Date(s) of Tournament or Games October 18-20, 2024 Estimated # of Teams 75

Tournament or Games Director or Contact Person Connie Chelenza, VP & Tourney Director Phone () 5806992 W

Address 1697 SE Sharps Lane Email vpresident.lsc@gmail.com Phone () 5806788 H

City Lawton State OK Zip Code 73501 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- 5/6 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	40 min	4v4	<input checked="" type="checkbox"/>	3	\$160	<input type="checkbox"/>
U- 7/8 1/1/	Academy & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	40 min	4v4	<input checked="" type="checkbox"/>	3	\$200	<input type="checkbox"/>
U- 9/1 1/1/	Academy & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	40 min	7v7	<input checked="" type="checkbox"/>	3	\$300	<input type="checkbox"/>
U- 11/ 1/1/	Compet (S1,S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	ec, 3 Con	50 min	9v9	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 13/ 1/1/	Compet (S1,S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	ec, 3 Con	60 min	11v11	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 15/ 1/1/	Compet (S1,S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	ec, 3 Con	60 min	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U- 17/ 1/1/	Compet (S1,S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	ec, 3 Con	60 min	11v11	<input checked="" type="checkbox"/>	3	\$550	<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

Connie Chelenza

Date 11-21-2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By



Date

11/27/23

Title

Director of Competitive Programs