



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Aloha International Cup Website URL: www.alohainternationalcup.com
 Hosting Organization Leahi Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Hilary Okumura Title President Phone () _____ W
 Address P.O. Box 29544 Email hilaryo@hawaii.rr.com Phone (808) 392-2487 H
 City Honolulu State HI Zip Code 96820 Phone () _____ FAX
 State Association or Affiliate Hawaii Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Waipio Peninsula Soccer Complex **TEAM ENTRY DEADLINE:** June 1, 2020
 Date(s) of Tournament or Games July 9-12, 2020 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Kelsey Baker Phone () _____ W
 Address P.O. Box 29544 Email alohacup@gmail.com Phone (808) _____ H
 City Honolulu State HI Zip Code 96820 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- 19	1/1/ 01 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	80 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 17	1/1/ 03 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	80 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 16	1/1/ 04 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	80 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 15	1/1/ 05 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	80 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 14	1/1/ 06 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	70 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 13	1/1/ 07 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	11	70 mins	11	<input type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 12	1/1/ 08 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	8	60 mins	9	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 11	1/1/ 09 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	8	60 mins	9	<input type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 10 & 9	1/1/ 10 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	6	50 mins	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 8 & 7	1/1/ 12 S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	4	40 mins	4	<input type="checkbox"/>	3	\$250	<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) AYSO, USCS, SAY
- International Teams as listed: All - Canada, Taiwan, China, Japan, Australia, New Zealand, Denmark, Sweden, Norway

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

Kelsey Kahni

Date 8/28/2019

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Hawaii Youth Soccer Association
P.O. Box 31286
Honolulu, Hawaii 96820

By [Signature]

Date 8/28/2019
Title President/Exec. Dir.