



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 Stockman Bank Magic City Classic Website URL: billingsunited.net
 Hosting Organization Billings United Soccer Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Terry Stapleton Title Administrative Coordinator Phone (406) 294-9480 W
 Address 2222 Broadwater Ave. Suite 101 Email info@billingsunited.net Phone (406) 591-3807 H
 City Billings State MT Zip Code 59102 Phone () _____ FAX _____
 State Association or Affiliate Montana Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Amend Park, Billings, MT **TEAM ENTRY DEADLINE:** April 8, 2022
 Date(s) of Tournament or Games April 29-30, 2023 Estimated # of Teams 120
 Tournament or Games Director or Contact Person Terry Stapleton Phone (406) 294-9480 W
 Address 2222 Broadwater Ave. Suite 101 Email info@billingsunited.net Phone (406) 591-3807 H
 City Billings State MT Zip Code 59102 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- 9	1/1/ 14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	60	7	<input checked="" type="checkbox"/>	3	\$600.00	<input type="checkbox"/>
U- 10	1/1/ 13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	60	7	<input checked="" type="checkbox"/>	3	\$600.00	<input type="checkbox"/>
U- 11	1/1/ 12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	9	<input checked="" type="checkbox"/>	3	\$650.00	<input type="checkbox"/>
U- 12	1/1/ 11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	60	9	<input checked="" type="checkbox"/>	3	\$650.00	<input type="checkbox"/>
U- 13	1/1/ 10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$700.00	<input type="checkbox"/>
U- 14	1/1/ 09	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$700.00	<input type="checkbox"/>
U- 15	1/1/ 08	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	\$700.00	<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"/>

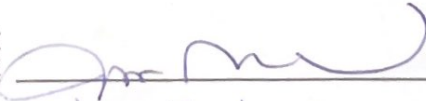
*List of types of teams and tournaments is on reverse side of this form.

- 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: _____
- International
 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 1/18/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE  _____ Date 2/28/23
 By Jill Marlow Title Executive Director