



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 20th Annual Frightfest Invitational Website URL: www.freeholdsoccer.com
 Hosting Organization Freehold Soccer League Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rob Marino Title Tournament Director Phone () 484-888-0854 wCell
 Address P.O. Box 653 Email tournaments@freeholdsoccer.com Phone () _____ H
 City Freehold State NJ Zip Code 07728 Phone () _____ FAX
 Location of Tournament or Games Freehold, NJ TEAM ENTRY DEADLINE: October 1, 2018
 Date(s) of Tournament or Games 10/13/18 rain date 10/20/18 Estimated # of Teams 225
 Tournament or Games Director or Contact Person Rob Marino Phone () 484-888-0854 wCell
 Address P.O. Box 653 Email tournaments@freeholdsoccer.com Phone () _____ H
 City Freehold State NJ Zip Code 07728 Phone () _____ FAX

Age Groups Accepted	Type of Teams	B	G	#Guest Players	Length of games	# Players on Field	Awards	Min # of Games	Entry Fee
8 2011	Travel	X	X	3	50	7	None	2	\$ 295
9 2010	Travel	X	X	3	50	7	None	2	\$ 295
10 2009	Travel	X	X	3	50	7	None	2	\$ 295
11 2008	Travel	X	X	3	50	9	None	2	\$ 295
12 2007	Travel	X	X	3	50	9	None	2	\$ 295

*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: *Rob Marino* Date September 13, 2018

STATE
APPROVAL
(For Official Use Only)

By: *[Signature]* Title: 2ndvp

NJYS OFFICE

Date: SEP 19 2018