



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games ALLIANCE COLLEGE SHOWCASE Website URL: www.allianceshowcase.com
 Hosting Organization WESTSIDE METROS Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization JOHN BAIN Title Operations Phone () 503-720-3997
 Address 8231 SW CIRRUS DRIVE Email john.bain@wsmetros.org Phone () _____ H
 City BEAVERTON State OR Zip Code _____ Phone () _____ FAX
 State Association or Affiliate OREGON YOUTH SOCCER Guest Referees Applications Accepted Yes No
 Location of Tournament or Games EASTSIDE TIMBERGAS COM, HANMANT **TEAM ENTRY DEADLINE: NOV 23 BOYS NOV 30**
 Date(s) of Tournament or Games DEC 5-7 BOYS DEC 12-14 GIRLS Estimated # of Teams 150
 Tournament or Games Director or Contact Person JAIDE GRAYAM Phone 360 433-1054
 Address 1500 NE 92ND AVE Email Tournaments@columbiapremier.com Phone () _____ H
 City VANCOUVER State WA Zip Code 98684 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-	15	1/1	11	SI-S4	RT	<input type="checkbox"/>	<input type="checkbox"/>	22	2x40	11	<input type="checkbox"/>	3	\$950	<input type="checkbox"/>
U-	16	1/1	10	SI-S4	RT	<input type="checkbox"/>	<input type="checkbox"/>	22	2x40	11	<input type="checkbox"/>	3	\$950	<input type="checkbox"/>
U-	17	1/1	9	SI-S4	RT	<input type="checkbox"/>	<input type="checkbox"/>	22	2x40	11	<input type="checkbox"/>	3	\$950	<input type="checkbox"/>
U-	18	1/1	8	SI-S4	RT	<input type="checkbox"/>	<input type="checkbox"/>	22	2x40	11	<input type="checkbox"/>	3	\$950	<input type="checkbox"/>
U-	19	1/1	07	SI-SE	RT	<input type="checkbox"/>	<input type="checkbox"/>	27	2x40	11	<input type="checkbox"/>	3	\$950	<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"/>
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 _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Oregon Youth Soccer Date 10-15-25
Desia Bramel Title Director of Operations