event.

## US Adult Soccer A Division of US Soccer

Please Type or Print Clearly – Do Not Staple

Affiliated with the Federation Internationale de Football Association

State Fee: APPLICATION TO HOST A TOURNAMENT OR GAMES										
Name of Tournament Natural State Adult Tournament										
Hosting Organization Arkansas Central Soccer Assoc.										
President of Hosting Organization Mark McIntosh Telephone (MCINTOSH-MQHOTMA Officer)										
Address P.D. Box 1086 () Home										
City N. Little Rock State AR Zip 72115 () Fax										
Nationals State Association Arkansas										
Location of Tour	rnament/Games_ <b>P</b>	uce	15 T	Park	Esti	mated # of Te		30	····	
Tournament Dir	ector/Contact Perso		ayle	Smith	Tele	phone (an	esa.t	opard@	gnai	decon
Address P. O	. Box 1084	<b>.</b>	•		······································	www	arcs	a.co		<del>lome</del>
City M. Lit	He Rock		St	ate Ar	Zip <b>72115</b>	()	)		F	ax
Age Divisions Accepted*	Type(s) of Teams Accepted*	e n	W C o o m - e e	Roster Size	# of Guest Players Allowed	Length of Games	Awards	Min # of Games	Entry Fee	Bond
OPEN	Rec, Comp.		n d	15		2/25	yes	4	3050	NA
	Select						1			
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* all team	s are consid	ere	ed o	ped alt	hough co	ed ruly	es do	not af	ply.	
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Teams will be in	_			ign Teams **		onal State As		•		•
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Arkansas Texas, Oklahima Tennessee, Louisiana Missouru, Tilinois "If foreign teams are invited you must complete and send in a USSF Application to Organize International Matches ho later than 60 days prior to the tournament.										
Tournament Director's Signature Date 6/22/18										
FOR OFFICIAL USE ONLY  APPROVAL  FOR OFFICIAL USE ONLY										
Fees Paid:	1								* V	
NATIONAL STATE ASSOCIATION  By  Title State Registrar  Title Title										
Title	Title Date									
	permission to host	a tour	namen	torgames n		Soccer US	Soccer no	r the Nation:	al State	
In granting this permission to host a tournament or games, neither US Adult Soccer, US Soccer nor the National State Association shall be liable for transportation, lodging or injury to persons or property sustained in the course of the sanctioned										

## **UNITED STATES ADULT SOCCER**

## Tournament/Game Hosting Agreement

In c	consider	ation of perm	ission being g	ranted to AR Cent	val So	ccer to h	old a tou	urnament or game(s) a		
	Little			on the date			, 20 <u>1</u> 8	<u>}</u> .		
We	hereby	agree to the	following cond	litions:						
1.										
2.	INVITATIONS. The tournament approval form shall accompany all tournament invitations distributed by us.									
3.	PROCURING LIABILITY INSURANCE. We have produced liability insurance coverage for the tournament through the US Adult Soccer office or other agency of at least the same coverage which names the Tournament Host and their volunteers, the National State Association with which the Host Organization is affiliated, US Adult Soccer, US Soccer and their officers and directors as additional insured.									
4.	<b>REQUIRING MEDICAL AUTHORIZATION</b> . We shall require teams and/or players under the age of 18 to provide notarized medical authorizations in a form adequate for use at the site of the tournament. These authorizations shall be presented to the Host Organization at registration and kept at the field available for use by the team.									
5.	ADVANCE PUBLICATION OF RULES. We agree that our tournament rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted, prior to the start of the tournament.									
6.	CREDENTIALS CHECKS. We agree that we shall conduct credentials checks (check one)									
	a.	()	at registration	, or						
	b. () at the field prior to each game by a tournament official, or									
	c. () at both sites as required									
	to ensure that all players are registered with US Adult Soccer or approved organizations, properly rostered with their team, and participating in accordance with representation set forth on the Application to Host a Tournament or Games.									
7.	. <b>USE OF USSF REGISTERED REFEREES</b> . We agree that we shall, in accordance with USSF Rule 3040, use only US registered referees, who are in good standing, for all tournament games, and shall utilize a one or three referee system. There will be an adequate number of USSF registered referees available in the area during the tournament dates to could the scheduled tournament games. We have selected the following Assignor to assign referees for the tournament games.									
	Name Don Boss					Telephone & duboz Baol.com				
	Address 4212 Montgomery Rd					Fax				
	Cit	Little R	Lucke		State	AR	Zip	72223		
8.	USE OI on each	F SPECTATOR In field to keep t	R LINES. We and the spectators of the spectators	gree to take appropria ff the touch line.	te steps ir	ncluding, where fe	asible, th	ne use of spectator lines		
9.	means	SION OF ADE of <u>Cell</u> pha unications Direc	ne betw	NAMENT COMMUNIC veen the game fields a				uate communication by he Tournament		
	Name Gayle Smith					Telephone 501-612-7286				
	Address P.O. Box 1086					parcsa, board @ gmail. con				
	Cit	y North	Little Ra	ek.	State	AR	Zip	72115		

10. **AVAILABILITY OF POLICE AND RESCUE SERVICES**. We have notified the local police, ambulance and emergency rescue services of the date(s) of the tournament and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed.

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