



Proud Member



MEMBER

Tournament Sanction (Hosting) Agreement

Tournament Name: SPORTING LEE'S SUMMIT YOUNG CLASSIC

Tournament Director: JL

Hosting Club/Org: CHALLENGER SPORTS + SPORTING LS

Tournament Venue: LEGACY PARK Tournament Dates: 4/23-25

Contact Information for Tournament Director

Address: 8263 FLINT City: LENEXA State: KS
Telephone: 913 555 4884 e-mail: jcollette@challengersports.com

Tournament Information

All USSSA sanctioned tournaments are unrestricted and open to all members of U.S. Soccer

Age Groups: U8-U9 Tournament Deadline: MARCH 26th
Formats (players on field): 7v7 9v9 11v11
Amount of Guest Players: 5 Tournament Website: challengersports.com
Facility Name and Address: LEGACY PARK 1501 NE LEGACY PARK DR LS MO

Referee Assignor: ART SHINABARGER e-mail: ashinabarger@rcglobal.net

Tournament rules must be attached or listed with this agreement. If not, please indicate where they can be found: tournament website

Number of teams expected: 40 Number of foreign teams expected*: n/a

*Tournaments hosting teams from outside the United States must clear these teams with U.S. Soccer; contact USSSA at soccerinfo@ussa.com for more information.

Signature of Tournament Director: [Signature] Date: 4/7/21

For USSSA Official Date Received Date Approved
Approved By: [Signature]

4/7/2021

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Tournament Insurance and Financial Form

Every tournament requesting USSSA sanctioning must submit this form fourteen (14) days prior to the start of tournament.

Tournament Name: SLS SPRING CLASSIC

Facility Name and Address: LEGACY PARK
1501 N E LEGACY PARK DR
LEE'S SUMMIT MO 64086

Additional Insured: CHALLENGER SPORTS
SPORTING LEE'S SUMMIT SC
CITY OF LEE'S SUMMIT

Tournament Dates: APRIL 23-25

Tournament sanctioning fee (circle appropriate fee) **Member \$500.00** **Non-Member \$750.00**
Payment includes all sanctioning fees, general liability and facility coverage for the weekend of tournament.

Payment for the above fee is being made by credit card information below. Submit all forms to Laurie Paule via email; laurie.paule@ussa.com.

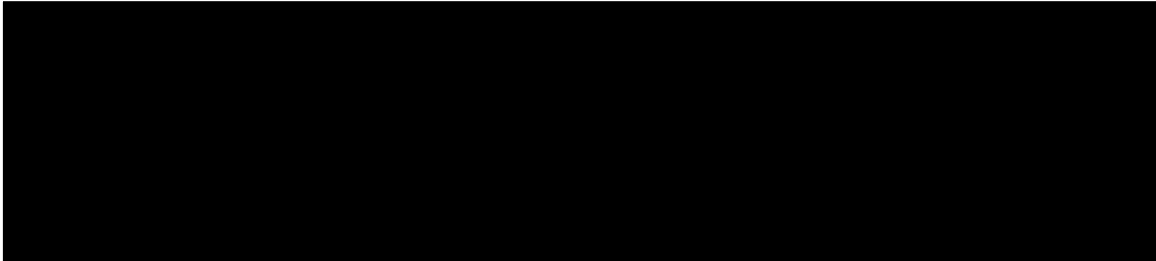
Circle appropriate payment institution:

Visa **MasterCard** **American Express** **Other: _____**

Cardholder Name: GARETH HUGHES

Billing Address: 8263 FLINT

City, State, ZI
Contact Phor
Card Number
Cardholder S



Payment will process stating a transaction with usports on your statement