



APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: **Colleen Reilly Girls' Invitational**
Hosting Organization: **Horsham Soccer Association**
Website:

Designate Official of Hosting Organization: **Rich Portelli**
Title: **President**
Address: **502 Long Lane , Horsham PA 19044**
Telephone: **215-957-2713** (H) Email: **raportelli@comcast.net**

State Association or Affiliate: **Eastern Pennsylvania Youth Soccer Association**
Location of Tournament or Games: **Horsham PA**
Date(s) of Tournament or Games: **8/14/2009 - 8/16/2009** Team Entry Deadline: **7/1/2009**
Estimated Number of Teams: **136**

Address of Field (Tournament Headquarters): **Horsham Soccer Association 1100 Limekiln Pike, Maple Glen PA 19044**

Tournament or Games Director or Contact Person: **Will Henry**
Address: **1217 Joseph Road , Ambler PA 19002**
Telephone: **215-793-4596** (H) (W) (FAX) Email: **willhenry811@comcast.net**

Age Groups Accepted	Type(s) of Team Accepted	Gender	Roster Size	# Guest Players Allowed	Length of Games	Ball Size	Awards	Min # of Games	Entry Fee	Bond
U09	GH	F	14	3	50	4	Yes	3	475	0
U10	GH	F	14	3	50	4	Yes	3	475	0
U11	GH	F	18	3	60	4	Yes	3	550	0
U12	GH	F	18	3	60	4	Yes	3	550	0
U13	GH	F	18	3	60	5	Yes	3	550	0
U14	GH	F	18	3	60	5	Yes	3	550	0
U15	GH	F	18	3	60	5	Yes	3	550	0
U16	GH	F	18	3	60	5	Yes	3	550	0
U17	GH	F	22	3	60	5	Yes	3	550	0
U18	GH	F	22	3	60	5	Yes	3	550	0
U19	GH	F	22	3	60	5	Yes	3	550	0

Teams will be invited from: **All US Youth Soccer State Associations, Other US Soccer Member Organizations (List Below)**
Foreign Teams/State Associations/Affiliates/Other US Soccer Members: **Open to All US Soccer Members

Designate Official of Hosting Organization: _____

Date: _____

APPROVAL
(For Official Use Only)



STATE ASSOCIATION OR AFFILIATE: EPYSA
By: Charlotten Moran

Date: NOV 05 2008
Title: Executive Director