



*Proud Member*



**MEMBER**

### Tournament Sanction (Hosting) Agreement

Tournament Name: Evolution Memorial Day Invitational

Tournament Director: Pat McStay

Hosting Club/Org: Evolution Soccer Club

Tournament Venue: CB Rec

Tournament Dates: May 29-30

#### Contact Information for Tournament Director

Address: PO Box 27202

City: Omaha

State: ne

Telephone: 8043377635

e-mail: patmcstay@smcsoccer.com

#### Tournament Information

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

Age Groups: u8-19

Tournament Deadline: May 7

Formats (players on field): 7v7, 9v9, 11v11

Tournament Website: [www.evolutiontournament.com](http://www.evolutiontournament.com)

Amount of Guest Players: 5

Facility Name and Address: CB Rec 2900 Richard Downing Ave Council Bluffs, IA 51501

Referee Assignor: Jason Francios

e-mail: [Jasonfrancois1123@gmail.com](mailto:Jasonfrancois1123@gmail.com)

Tournament rules must be attached or listed with this agreement. If not, please indicate where they can be found: [www.evolutiontournament.com](http://www.evolutiontournament.com)

Number of teams expected: 75


Number of foreign teams expected\*: 0

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

Signature of Tournament Director: Patrick mcstay

Date: may 5 2021

**For USSSA Official**

Approved By: 

Date Received:

5/6/2021

Date Approved:

5/6/2021

**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: evolution Memorial Day invitational

Facility Name and Address:  
cb Rec complex 2900 Richard Downing Ave Council Bluffs, IA 51501

Additional Insured:

Tournament Dates: May 29-30

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](mailto:laurie.paule@ussa.com).

Circle appropriate payment institution:  
**Visa**                      **MasterCard**                      **American Express**                      **Other: \_\_\_\_\_**

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

***Payment will process stating a transaction with usports on your statement***