



US Youth Soccer  
A Proud Member of US Youth Soccer

Please Type or Print Clearly - Do Not Staple Affiliated with the Federation International de Football Association

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: GATEWAY SHOOTOUT Website URL: GATEWAY SHOOTOUT.COM  
 Hosting Organization: LOU FUSZ S.C Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Office of Hosting Organization: TODD KASSABAUM Title: TOURNAMENT DIRECTOR Phone: (636) 949-3377 W  
Todd.KASSABAUM@STCHARLES PARKS.COM  
 Address: 1900 RANDOLPH E-Mail: \_\_\_\_\_ Phone: (636) 866-8082 FIELD  
 City: ST. CHARLES State: MO Zip Code: 63301 Phone: (636) 949-3377 FAX  
 State Association or Affiliate: MUSA Guest Referees Applications Accepted:  Yes  No  
 Location of Tournament or Games: MUEUER SOCCER COMPLEX TEAM ENTRY DEADLINE: \_\_\_\_\_  
 Date(s) of Tournament or Games: SEPT 16, 17, 18 2011 Estimated Number of Teams: 200  
 Tournament or Games Director or Contact Person: TODD KASSABAUM Phone: (636) 949-3377 W  
 Address: 1900 RANDOLPH E-Mail: \_\_\_\_\_ Phone: (636) 866-8082 FIELD  
 City: ST. CHARLES State: MO Zip Code: 63301 Phone: (636) 949-3377 FAX

Age Groups Accepted	Type(s) of Teams Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-8 8/1/	51, 52, 53, 54	<input checked="" type="radio"/>	<input checked="" type="radio"/>	14	5	40	8	<input checked="" type="radio"/>	3	\$475	0
U-9 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	14	5	50	8	<input checked="" type="radio"/>	3	\$495	0
U-10 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	14	5	50	8	<input checked="" type="radio"/>	3	\$495	0
U-11 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	14, 18	5	60	8/11	<input checked="" type="radio"/>	3	\$515	0
U-12 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	14, 18	5	60	8/11	<input checked="" type="radio"/>	3	\$515	0
U-13 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	18	5	60	11	<input checked="" type="radio"/>	3	\$515	0
U-14 8/1/		<input checked="" type="radio"/>	<input checked="" type="radio"/>	18	5	60	11	<input checked="" type="radio"/>	3	\$515	0
U-15 8/1/		<input type="radio"/>	<input checked="" type="radio"/>	18	5	70	11	<input checked="" type="radio"/>	3	\$515	0
U-16 8/1/		<input type="radio"/>	<input checked="" type="radio"/>	18	5	70	11	<input checked="" type="radio"/>	3	\$515	0
U-17/18 8/1/		<input type="radio"/>	<input checked="" type="radio"/>	18	5	70	11	<input checked="" type="radio"/>	3	\$515	0

\*List of types of teams and tournaments is on the reverse side of this form.

- RT Restricted Tournament - US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association.  Teams will be invited from all US Youth Association/Affiliates only.
- UT Unrestricted Tournament Other US Soccer Members as listed: US CLUB
- Foreign 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 Robert Keane

Date: 7/20/11

Approval (For Official Use Only)

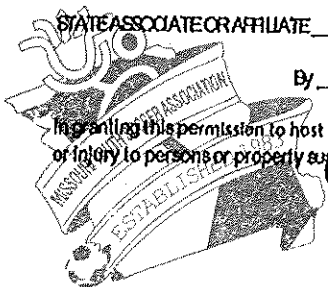
STATE ASSOCIATE OR AFFILIATE Missouri

DATE: 7/20/2011

By Janet Crissman

Title: Exec. Director

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.



**Recommended Definitions of Teams and Tournaments**  
(Place corresponding letter in appropriate space on application)

**Types of Tournaments**

**UT Unrestricted Tournament:** A tournament that is open to all Federation affiliated participants. Any tournament that allows international participants must be an Unrestricted Tournament.

**RT Restricted Tournament:** A tournament that is open only to members or US Youth Soccer and it's State Associations.

**League Select Teams** (teams formed by a selection or tryout process)

**S1** Generally a team which competes at the highest level of play in a state or region.

**S2** Generally a team which competes at a less than the highest level of play in a state or region.

**S3** Generally a team which competes in a local area or state.

**Tournament Select Teams**

**S4** A team which is put together for the sole purpose of playing in a tournament or other sanctioned no-league competition, whose roster includes select players who are members of one club.

**Recreational Teams**

**RT** A team which was formed in a random nature without regard to players' abilities.

**US Youth Soccer Olympic Development**

**ODP Team** The official US Youth Soccer Olympic Development team of US Youth Soccer, and of it's regions, A State Association, an Affiliate, other Organization Member, or any district or geographical subdivisions thereof, or any league.

**National Team** The official National Team of US Soccer or any other member of Fifa.

**Other:** If it does not fit any of the above definitions, a hosting organization may provide additional definitions and descriptions.

**HOSTING ONLY US YOUTH SOCCER TEAMS (RESTRICTED TOURNAMENTS)**

- 1) These procedures apply when hosting ONLY US Youth Soccer State Association or Affiliates teams for tournaments or games.
- 2) Applications, agreements to host and other required information may be submitted by written or electronic means as provided by designated approving association or affiliate.
- 3) Not later than the date established by the State Association or Affiliate for submitting an *Application to Host a Tournament or Games*, the hosting organization must submit to its State Association or Affiliate and, if any game is to be played in another State Association or Affiliate, to that other State Association or Affiliate, for approval – a completed *Application to Host a Tournament or Games* signed by the designated official or the hosting organization;
  - a) A completed *Tournament or Games Hosting Agreement*, with appropriate supporting documents and information, signed by the president or chief officer of the hosting organization and by the tournament or games director;
  - b) A copy of the Rules for the Tournament or Games; and
  - c) Any fees required by the State Association or Affiliate for processing the application. **Incomplete applications will be returned and considered as not having ever submitted.**
- 4) The State Association or Affiliate is not required to approve any application not timely submitted. If an application is not timely submitted, that State Association or Affiliate may accept the late filing of the application and charge a late fee. Consult the appropriate State Association or Affiliate for its specific policies and fees.
- 5) If the documents referred to in paragraph 3 are in order and compliance with State Association or Affiliate requirements, appropriate fees paid, and the hosting organization is in good standing, the State Association or Affiliate shall approve the application. On approval, the State Association or Affiliate shall return a copy of the approved application to that hosting organization and a copy to US Youth Soccer.

**HOSTING FOREIGN TEAMS (TEAMS FROM OUTSIDE THE UNITED STATES UNRESTRICTED)**

- 1) These procedures apply when hosting one or more foreign teams for a tournament or games, whether that tournament or games include United States teams and foreign teams or foreign teams only. **A foreign team is any team from outside the 50 States of the United States and the District of Columbia.**
- 2) The provisions are in addition to those required as stated above for hosting a restricted tournament. All provisions stated above must also be complied with.
- 3) Rules for the Tournament or Games
  - a) Must provide for a point system of 3 points for a win, 1 for a tie, and no points for a loss.
  - b) In any Under 17 or older age group, the rules MUST specify FIFA limited substitution rules;
- 4) a copy of the completed US Soccer forms *Application to Host a Tournament or Games Involving Foreign Teams and Certification Regarding Compliance with the Ted Stevens and Olympic Sports Act*, submitted directly to US Soccer; and
  - c) any additional fees required by the State Association, Affiliate and/ or the United States Soccer Federation for processing the application.

NOTE: When traveling outside the United States, a team must file 2 sets of applications and have BOTH approved:  
(1) a US Youth Soccer *Application to Travel*, including attachments, must be filed with its State Association or Affiliate and approved by the State Association or Affiliate, and;  
(2) a US Soccer *Application For Foreign Travel and Certification* must be filed with US Soccer and Approved by US Soccer  
**BOTH APPLICATIONS MUST BE APPROVED BEFORE A TEAM MAY TRAVEL OUTSIDE THE UNITED STATES**

In granting this permission to host a tournament or games, neither US Youth Soccer nor it's State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.



US Youth Soccer
Tournament or Games Hosting Agreements

In consideration of permission being granted to GATEWAY SHOOTOUT to hold a tournament or games at MUELLER SOCCER COMPLEX ST. CHARLES MO (Hosting Organization) (City) (State)

On the dates of SEPT 16, 17, 18, 20 11, we agree to the following conditions,

ABIDE BY RULES: We shall abide by all statements made in our approved US Youth Soccer Application to Host a Tournament or Games, in our tournament invitation, in our tournament rules, in the US Youth Soccer Travel and Tournament Policy and in this US Youth Soccer Tournament or Games Hosting Agreement.

INVITATIONS: The tournament or games approval from shall accompany all tournament or games invitations distributed.

PROCURING LIABILITY INSURANCE: We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by ARTHUR GALLAGHER.

REQUIRING MEDICAL AUTHORIZATIONS: We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form. These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official.

ADVANCE PUBLICATION OF RULES: We agree that our tournament or games 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/games.

CREDENTIALS CHECKS: We agree that we shall conduct credentials checks to ensure that all players are registered with the US Youth Soccer or US Soccer or a member thereof or their National Association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer Application to Host a Tournament or Games.

USE OF US SOCCER REGISTERED REFEREES: We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use either a One-Referee or Three-Referee system. We intend to use a Three-Referee system for the following age groups: U9-U18.

Name ROBERT PLACATKA Phone ( ) W
Address 5 LAURA DR. E-Mail Phone ( ) H
City ST. PETERS State MO Zip 63376 Phone ( ) FAX

AVAILABILITY OF POLICE AND RESCUE SERVICE: We have notified the local police, ambulance, and emergency rescue services of the date or the tournament or games 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. We will use the following method(s) of contacting emergency services: ON SITE MEDICAL STAFF

TOURNAMENT OR GAMES RULES - BEHAVIOR: We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that-

- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
• Indicate what procedures will be followed regarding protests and appeals;
• Indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
• Record the issuance of all red and yellow cards and other matters involving the conduct of a team, it's players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
• State that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

**TOURNAMENT CANCELLATION:** We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

**POST TOURNAMENT OR GAMES REPORT:** We agree that we shall file and required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- If a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or Foreign Country;
- If 'Sportsmanship Awards' are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches, or supporters. **NOTE:** Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse.

*Robert R. Krause*  
Signature of Hosting Organization Designated Official  
7/20/11  
Date

*Todd Kausch*  
Signature of Tournament or Games Director  
5-25-11  
Date

Hosting Organization LOU FUSZ S. C Phone (314) 983-4554 W  
Address 925 N. Lindberg E-Mail steve@advstl.com Phone ( ) H  
City St. Louis State MO Zip 63141 Phone (314) 897-7216 FAX

Tournament or Games Headquarters MUELLER SOCCER COMPLEX Phone (636) 949-3377 W  
Address 3801 MUELLER E-Mail \_\_\_\_\_ Phone (636) 866-8082 H MUELL  
City ST. CHARLES State MO Zip 63301 Phone (636) 949-3337 FAX



Missouri Youth Soccer Association, Inc.  
1270 Jungermann Road Suite E  
St. Peters, MO 63376  
(636)-936-3676 / FAX (636)-936-8983  
www.mysa.org

#### **Addendum A to the Application to Host a Tournament**

For Non Missouri Youth Soccer and/or Non State Association USSF Affiliate Teams

We understand that if we only permit state association teams in our invitation that the tournament will receive 100% liability coverage, up to the limit of the policy, and that other benefits of advertising of my tournament may occur. We further understand that we may invite teams other than those from a state association with the following requirements.

#### **FULL COVERAGE FOR TOURNAMENTS PERMITTING NON MISSOURI YOUTH SOCCER AND/ OR NON STATE ASSOCIATION USSF AFFILIATE TEAMS**

In addition to the regular requirements for permission to host a tournament, tournaments wanting to admit USSF teams who are not entering under affiliation with MISSOURI YOUTH SOCCER or another US YOUTH SOCCER national state association may do so. MISSOURI YOUTH SOCCER will provide liability coverage to the tournament as long as the following are done, prior to the beginning of the tournament.

- (1) Proof of insurance by an authority figure from their member organization comparable to what is provided by MISSOURI YOUTH SOCCER
- (2) Proof that each player that will be in the tournament is registered and in good standing and has permission to travel and participate in a MISSOURI YOUTH SOCCER sanctioned tournament.
- (3) For Players: Copies of players state birth certificate or state approved driver's license for age appropriate.
- (4) For Coaches: A copy of your USSF coaches license. This is required for all coaches on the roster.
- (5) For Trainers: A copy of your trainers certificate.
- (6) Notarized medical release forms for each player.
- (7) Laminated player pass with picture and date of birth of the player.
- (8) Valid team roster submitted at registration that does not change during the tournament. The number of players on the roster cannot be more than that allowed by MISSOURI YOUTH SOCCER
- (9) Notarized statement as to the level of the team, which corresponds accurately to the levels provided by the tournament. The statement should specify actions the tournament will take if the information is not accurate.
- (10) If guest players are used, the team may use the MISSOURI YOUTH SOCCER guest player roster and have it validated by their registrar, or use their own guest player roster validated by their registrar.
- (11) The tournament will charge an additional fee of \$25 per team to process these teams due to different documentation that is typically for US Youth Soccer teams.
- (12) Since no history exists on the insurance claims and liabilities of these other groups, in order to insure the tournament, no more than 20% of the teams, at this time, can come from non US Youth Soccer state association affiliate teams.
- (13) The tournament must certify that the above were done, and in the case of a liability claim, must prove the above.

Failure for the tournament to do the above is a violation of the contract of the Permission of Host form, and will result in denial of insurance claims and liability to have future tournaments sanctioned.

As the Tournament Director and President of the Hosting Organization, we understand the requirement, and agree as a condition of hosting the tournament to comply with the above requirements. We will keep the above documentation for one year from the date of the day following the tournament and will provide proof of the above requested.



## **The Game For All Kids**



Missouri Youth Soccer Association, Inc.  
 1270 Jungemann Road Suite E  
 St. Peters, MO 63376  
 (636)-936-3676 / FAX (636)-936-8983  
 www.mysa.org

Todd Kassal  
 Signature of Tournament Director

Stephen R. Krause  
 Signature of the President of the Hosting Organization

\_\_\_\_\_  
 Date Signed

7/20/11  
 Date Signed

TODD KASSABAUM  
 Printed Name

Stephen R. Krause  
 Printed Name

1900 RANDOLPH  
 Address

925 N. Lindberg  
 Address

ST. CHARLES MO 63301  
 City, State, Zip

St Louis MO 63141  
 City, State, Zip

636-866-8082  
 Phone Number

314 983 4554  
 Phone Number

Approved by Missouri Youth Soccer Association  
John Crisler  
 Tournament Chairperson

7/20/11  
 Date



The Game For All Kids

## 2011 adidas Gateway Shootout

Hosted by: St Charles City Park Rangers, Gateway Sports League & Lou Fusz Soccer Club

### Rules of the Game

**APPLICATION OF RULES:** The following rules apply to the Gateway Shootout. Any ruling not covered by FIFA will be in accordance with the Missouri Youth Soccer Association (MYSA) and U.S. Youth Soccer (USYSA).

**PLAYER ELIGIBILITY:** All players must be registered with U.S. Youth Soccer and their respective State Associations. USYSA player passes will be required. These passes must contain a picture and be laminated. A state roster and guest player forms will be required. Each player **must** have a completed medical release form. All players **must** play in their age group or may play up.

Age	Format	Max Roster Size	Guest Players
U8	4v4	8	5 Guest Players
U8	8v8	14	5 Guest Players
U9	6v6	11	5 Guest Players
U9	8v8	14	5 Guest Players
U10	6v6	11	5 Guest Players
U10	8v8	14	5 Guest Players
U11 and U12	8v8	14	5 Guest Players
U11 and U12	11v11	18	5 Guest Players
U13 and U14	11v11	18	5 Guest Players
U15, U16, U17, U18/19	11v11	18	5 Guest Players

**HOME TEAM:** The first team listed on the schedule is the home team. In case of a conflict of uniforms, the visiting team will be responsible for changing to a different color. Finals will be according to USYSA guidelines. We reserve the right to alter as necessary.

**GAME FORMAT:** Length of game will be as follows:

U8	20 minute halves	4v4	1 Referee	Size 3 Ball	No
Offsides Called, No Penalty Kicks, No Goalkeeper					
U8	20 minute halves	8v8	1 Referee	Size 3 Ball	No
Offsides Called, No Penalty Kicks					
U9	25 minute halves	6v6	1 Referee	Size 4 Ball	No
Offsides Called					
U9	25 minute halves	8v8	3 Referees	Size 4 Ball	Offsides
Called					
U10	25 minute halves	6v6	1 Referee	Size 4 Ball	No
Offsides Called					
U10	25 minute halves	8v8	3 Referees	Size 4 Ball	Offsides
Called					
U11	30 minute halves	8v8 or 11v11	3 Referees	Size 4 Ball	Offsides
Called					
U12	30 minute halves	8v8 or 11v11	3 Referees	Size 4 Ball	Offsides
Called					
U13 and U14	30 minute halves	11v11	3 Referees	Size 5 Ball	Offsides
Called					
U15, U16, U17, U18/19	35 minute halves	11v11	3 Referees	Size 5 Ball	Offsides
Called					

In the event of a tie in all semi-finals and finals, **2 (two) five minute overtime periods** will be played. If still tied after the overtime periods, penalty kicks will be taken to determine a winner.

**\*\* THERE WILL BE NO GOLDEN GOAL \*\***

**SUBSTITUTIONS:** Players may be substituted for and return to the games as often as desired. Substitutions will be allowed during the following:

- Halftime
- After a goal is scored
- In case of an injury, opposing team may substitute the like number
- Any dead ball with the referee's approval.

**MERCY RULE:** When a team leads by 6 goals in the 2<sup>nd</sup> half, game will be shortened by 15 minutes.

**STANDINGS AND SCORING:** Standings shall be determined in the following manner:

- Six (6) points for a win
- Three (3) points for a tie
- No points for a loss
- One (1) point for goals scored (Max. 4 goals)
- One (1) point for a shutout
- Maximum point possible per game is: 11 Points
- One (1) point deduction for a red card (or two yellows cards) per player, coach, manager, or fan per game. Players and coaches will not be eligible for the next game
- Forfeits are recorded as 4-0 games
- In case of a tie in the standings for advancement, the following criteria shall apply:
  1. Head-to-Head competition (if 2-way tie)
  2. Goal differential: A per game goal differential will be calculated, and then the cumulative score recorded. There will be a maximum of plus 4 for any one game. For example, if the scores were 6 to 1; 3 to 3; 2 to 2; then the calculation would be: plus 4, plus 1, plus 0 for a cumulative of plus 5.
- Most goals scored, up to a maximum of 4 goals per game
- Fewest goals allowed
- Penalty kicks
- Any team that forfeits a game will not be allowed to advance to semi-finals or finals.

**PROTEST:** There will be no protest allowed, except to question a player's eligibility. This will require a \$75.00 fee.

**REFUNDS:** If games are not played due to circumstances beyond our control, such as (but not limited to) weather, floods, other acts of God, etc., refund for games not played will be given at the rate of \$75.00 per game not played. Maximum refund will be \$225.00. In the event of a full cancellation prior to the start of the tournament a refund in the amount of \$225.00 will be given.



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NAME OF TOURNAMENT: GATEWAY SHOOTOUT  
 Date(s) of Tournament: SEPT 16, 17, 18 2001  
 Hosting MYSA Member Organization: LOU FUSZ S.C.  
 Signature of MYSA Member Organization: \_\_\_\_\_ Date:    /   /   

Level of Play: **A - Primarily Teams From Premier Leagues**  
 (Circle one) **B - Primarily Teams From Competitive Leagues**  
**C - Primarily Teams From Recreational Leagues**

# Of Fields To Be Used 16 Estimated Number Of Teams 200 MAX  
 Maximum Number Of Teams In Each Age Group

Girls U9/U10	<u>32</u>	Boys U9/U10	<u>32</u>
Girls U11/U12	<u>32</u>	Boys U11/U12	<u>32</u>
Girls U13/U14	<u>32</u>	Boys U13/U14	<u>32</u>
Girls U15/U16	<u>32</u>	Boys U15/U16	___
Girls U17/U18	<u>32</u>	Boys U17/U18	___
Girls U19	___	Boys U19	___

As Tournament Director, I hereby certify that the number of teams in each age group listed above is an estimate. I also certify that the absolute maximum number of teams in the tournament will not exceed the estimated total number above. I understand that if this number is exceeded without prior approval, that sue actions may have an adverse effect on future sanctioning.

Name of Tournament Director: TODD KASSABAUM Phone (636) 866-8082  
 Signature of Tournament Director: Todd Kassabaum Date:    /   /   

As a MISSOURI registered Referee Assignor, I (Circle one) AGREE DISAGREE that there are a sufficient number of registered referees in both quality and ability to adequately support the indicated number of teams in this tournament and that all games will be assigned three certified USSF officials. It is the responsibility of the Referee Assignor to assign all games per item #7 on the Tournament or Games Host Application and to be on site at the main playing facility for the entire tournament.

Name of Referee Assignor: ROBERT PLACKATKA Phone: (636) 578-5790  
 Signature of Referee Assignor: Robert Plackatka Date:    /   /   

\*\*\* THIS SECTION IS TO BE COMPLETED AND SIGNED BY THE MISSOURI SYRA ONLY IF YOU ARE HOSTING A TOURNAMENT OF 80 OR MORE TEAMS AND YOU ARE NOT THE PRE-EXISTING/HISTORICAL (OLDEST) TOURNAMENT FOR THE DATES LISTED ABOVE\*\*\*

As State Youth Referee Administrator, (Circle one) I RECOMMEND / RECOMMEND WITH THE FOLLOWING RESTRICTIONS / DO NOT RECOMMEND this tournament.

Name of SYRA: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_



The Game For All Kids

**Merchant Missouri Youth Soccer**

1270 Jungermann Suite: E  
St. Peters, MO 63376  
US

636-936-3676

**Order Information**

Description: Tournament Application Fee - 2011 Gateway Shootout

Order Number:

P.O. Number:

Customer ID:

Invoice Number: 3651681

**Billing Information**

**Shipping Information**

Shipping: 0.00  
Tax: 0.00  
Total: USD 515.00

Visa XXXX3182

Date/Time: 05-Jul-2011 13:08:08

Transaction ID: 3722320192

Transaction Status: Captured/Pending Settlement

Authorization Code: 042696

Payment Method: Visa XXXX3182



Hand and Physical Therapy  
of Town & Country  
12855 North Forty Drive  
St. Louis, MO 63141  
Phone: 314.469.0730  
Fax: 314.468.0034

# Rehab1 Network

Where Great Comebacks Begin...

Hand Therapy Facilities

Hand Therapy of N. County/Kirkwood  
314.895.4884 Fax: 314.731.2340

Hand Therapy of South St. Louis  
314.981.9992 Fax: 314.981.0300

Hand and Physical Therapy of  
Kirkwood  
314.822.4400 Fax: 314.822.4111

Hand and Physical Therapy of  
Ferguson-Florissant  
314.521.3900 Fax: 314.521.7800

Hand and Physical Therapy of  
South County  
314.842.4222 Fax: 314.842.9393

Physical Therapy Facilities

Fenton Physical Therapy  
638.343.0360 Fax: 636.343.3519

North County Sports Fitness &  
Rehabilitation Center  
314.895.4884 Fax: 314.731.2340

South St. Louis Rehabilitation  
314.982.8020 Fax: 314.982.6670

The Physical Therapy Center  
314.849.4455 Fax: 314.849.2841

West County Sports Fitness  
& Rehabilitation Center  
314.997.8700 Fax: 314.997.8793

St. Charles Sports &  
Physical Therapy Facilities

O'Fallon  
636.240.7000 Fax: 636.240.7513

St. Charles  
636.847.7678 Fax: 636.947.4350

St. Peters  
636.441.7500 Fax: 636.441.3004

Wentzville  
636.332.1313 Fax: 636.332.2920

Home Health Services

St. Louis Home Health  
314.362.7889 Fax: 314.352.7411

www.rehab1network.com

April 26, 2011

RE: Injury Coverage for Gateway Shootout

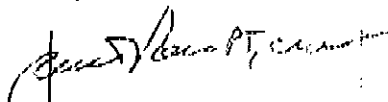
To Whom It May Concern:

Rehab1 Network is planning to provide medical coverage in the form of on field athletic trainers for the September 16-18, 2011 soccer tournament named The Gateway Shootout. The number of individuals needed for the tournament will be determined after registrations are confirmed and an agreement is reached between the Gateway Shootout promoters and Rehab 1 Network.

Both parties, those promoting and running the Gateway Shootout and Rehab 1 Network, have the opportunity to back out of this agreement at any time and for any reason.

If further information is necessary from any sanctioning organization about this agreement, please feel free to contact me at the number below.

Sincerely,

  
Scott Rose, PT, CMPT  
Hand & Physical Therapy of Town & Country for Rehab1 Network



Missouri Youth Soccer Association, Inc.  
 1270 Jungermann Road Suite E  
 St. Peters, MO 63376  
 (636)-936-3676 / FAX (636)-936-8983  
 www.mysa.org

## District/ Alternate Commissioner Approval Notification

Information has been given to me stating the Member Organization listed below will be hosting the following tournament:

Host Member Organization: LOU FUSZ  
 President/Chief Officer: DON POPOVIC  
 Name of Tournament: GATEWAY SHOOTOUT  
 Date of Tournament: SEPT 16, 17, 18 2011  
 Location of Tournament: MUELLER SOCCER COMPLEX

Pending receipt of all items on the tournament check list, approval for the above tournament can be granted.

Michel J. Reese 7/6/11  
 Signature of District/Alternate District Commissioner Date Approved

If Member Organization is sponsoring tournament for league or club or is using a management company please fill out the information below and complete the Addendum to the Host Tournament Application for League/Club/Management Company form.

League/Club/Management Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Office Phone: ( ) \_\_\_\_\_ FAX Number ( ) \_\_\_\_\_

(7/2010)



**The Game For All Kids**





Hand and Physical Therapy  
of Town & Country  
12865 North Forty Drive  
St. Louis, MO 63141  
Phone: 314.469.0060  
Fax: 314.469.0064

# Rehab1Network

Where Great Comebacks Begin...

Hand Therapy Facilities

Hand Therapy of N. County - Hazelwood  
314.895.4664 Fax: 314.731.2340

Hand Therapy of South St. Louis  
314.962.8020 Fax: 314.962.6570

Hand and Physical Therapy of  
Kirkwood  
314.822.4400 Fax: 314.822.4111

Hand and Physical Therapy of  
Ferguson-Florissant  
314.521.3000 Fax: 314.521.7600

Hand and Physical Therapy of  
South County  
314.842.4222 Fax: 314.842.9693

Physical Therapy Facilities

Fenton Physical Therapy  
636.343.8950 Fax: 636.343.3519

North County Sports Fitness &  
Rehabilitation Center  
314.895.4664 Fax: 314.731.2340

South St. Louis Rehabilitation  
314.962.8020 Fax: 314.962.6570

The Physical Therapy Center  
314.849.4455 Fax: 314.849.2814

West County Sports Fitness  
& Rehabilitation Center  
314.997.8700 Fax: 314.997.8719

St. Charles Sports &  
Physical Therapy Facilities

O'Fallon  
636.240.7000 Fax: 636.240.7513

St. Charles  
636.947.7676 Fax: 636.947.4399

St. Peters  
636.441.7500 Fax: 636.441.1303

Wentzville  
636.332.1313 Fax: 636.332.2029

Home Health Services

St. Louis Home Health  
314.352.7889 Fax: 314.352.7411

www.rehab1network.com

Date: 4/25/11

Fax #: 636-944-3337

Dear Dr. TERO KAPORIAN

The following page is the Plan of Care for Outpatient Physical / Hand Therapy. Medicare guidelines require the Physician to sign the plan of care showing approval. Please sign and fax this back to (314) 469-0034 using this page as your cover sheet. Thank you for your compliance.

Please keep a copy for your records.

RE: SARAH THOMPSON

From:

- Judy Begler, OTR/L, CHT
- Christy Parker, PT, Cert. MDT
- Mary Eubank, CTR/L, CHT
- Scott Rose, PT, CIMPT
- Lauren Spielberg, MPT

FACSIMILE TRANSMISSION COVER SHEET

Date: 4/25/11

To: Rehab1Network: Hand and Physical Therapy of Town & Country  
Telephone #: (314) 469-0760  
Fax #: (314) 469-0034

From: \_\_\_\_\_

This facsimile contains privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, or employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at the above telephone number and return the original facsimile to us at the address above via the Postal Service. Thank you.

# GATEWAY SHOOTOUT



## Missouri Youth Soccer Tournament Check List

The member organization that is requesting to host a tournament will submit the following in packet form to the Missouri Youth Soccer State Office. All forms must have original signatures. No copies or fax copies will be accepted.

- 1) The original completed and executed US Youth Soccer Association Tournament or Game Form.
- 2) The original completed and executed US Youth Soccer Association Tournament/Game Hosting Agreement.
- 3) Addendum A to the Application to Host a Tournament for Non-Missouri Youth Soccer and/or Non-State Association USSF Affiliated teams. (Only need if it is an 'Unrestricted' Tournament)
- 4) Copy of the Tournament Rules, including the Refund Policy and Cancellation Policy.
- 5) Completed and executed original SYRA Approval Form.
- 6) Copy of a completed Contract with any individual, or organization who/which is managing the tournament from outside the member organization be on file. (See Service Price section, paragraph three for additional information).
- 7) Addendum B to the Application to Host a Tournament for League/Club/Management Companies along with a copy of League/Club/Management Company current Missouri Business License.
- 8) Copy of a completed contract between member organization and club if a member organization is sponsoring the tournament. Contract or letter from member organization should list responsibilities of the member organization.
- 9) Check Payable to Missouri Youth Soccer equal to one team entry fee. **\$515**
- 10) Signed contract with an on-site certified medical trainer or medical care provider. If using more than one field location a certified medical trainer or medical care provider must be at each site.
- 11) Signed District/Alternate Commissioner approval notification form.
- 12) Disclosure statement with list of required hotel/motel names and guaranteed rate. Copy of each hotel/motel contract listed on the disclosure statement.



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