



SOCCER

Name of Tournament or Games: Triple Crown Cup Tournament Web Site Address (URL): www.kingshammersbd.com/tournament

Hosting League Organization: King Hammer SBD Teams of Types Accepted: ☒ Select ☐ Recreational ☐ select & Rec - events / imple -

Designate Official of Hosting Org: Sheryl Mabry Title: Sr. Events Director Work Number: 615-785-9449 crown-cup!

Address: 50 E. Rivercenter Blvd. Ofc SBD Email Address: smabry@ Home Phone Number: _____

City: Covington State: KY Zip: 41011 kinghammersbd.com Fax: _____

National State Association: KY Youth Soccer Guest Referee Applications Accepted: yes

City or Town of Tournament or Games: Elizabethtown Application Deadline: 2/16/27

Dates of Tournament or Games: April 2-4, 2027 Estimated Number of Teams: 175

Tournament Director/Contact Person: Sheryl Mabry Work Phone: _____

Street Address: 50 E. Rivercenter Blvd Tournament Director/Contact Email Address: smabry@kinghammersbd.com

City: Covington State: KY Zip: 41011 Phone Number: 615-785-9449

[illegible]

- ☐ **RT Restricted Tournament** – US Youth Soccer Members and Affiliates only.
- ☐ Teams will be restricted to teams within the national state association
- ☐ Teams will be invited from all US Youth State Associations/Affiliates ☒ **UT Unrestricted Tournament** – Other US Soccer Members as listed.
- ☐ 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 its applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization Sheryl M. May Date: 9/29/2016

APPROVAL

STATE ASSOCIATION OR AFFILIATE

KENTUCKY YOUTH SOCCER ASSOCIATION

Date: _____

Kentucky Youth Soccer Association – 158 Constitution St, Lexington, KY 41005

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