

Associate Membership Renewal Short Term (10 Days or less) Event

ORGANIZATION INFORMATION	
Hosting Organization Name:	
Name of Tournament/Event:	
Organization Address:	
City & Postal Code:	
Organization Phone Number:	
Organization Email Address:	

TOURNAMENT/EVENT REGISTRAR (MAIN CONTACT) INFORMATION				
Name:				
Address:	City:	Postal Code:		
Home Telephone:	Mobile:			
Email:	Fax:			
Name of Discipline Chairperson:				
Phone:	Mobile:			
Email:	Fax:			
Name of Tournament Chairperson:				
Phone:	Mobile:			
Email:	Fax:			
Tournament:	Single Elimination	Double Elimination	Round Robin	Friendly Games
Tournament Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):			
Entry Deadline (mm/dd/yyyy):	Entry Fee: \$			
Location:	Website:			
Venue(s):				

OPEN TO (please check <input checked="" type="checkbox"/>):				
Youth Teams			Adult (Senior) Teams	
AGE	BOYS	GIRLS	LEVEL	
U6			Metro	
U7			Gold	
U8			Silver	
U9			Bronze	
U10			House	
U11			Development	
U12			OTHER TEAMS	
U13				YES NO
U14			Out-of-province	
U15			USA	
U16			International*	
U17				
U18				
			MALES	FEMALES
			U21	
			Division 1	
			Division 2	
			Division 3	
			Division 4	
			Premier	
			Over 35	
			OTHER TEAMS	
				YES NO
			Out-of-province	
			USA	
			International*	

NEW For tournaments open to International teams (outside Canada or USA), please see Canada Soccer's 2017 Tournament Sanctioning Policy. The policy can be found on BC Soccer's website under [Documents and Forms](#). As per the policy, tournaments open to International Teams are subject to an additional **\$100** application fee.



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PLEASE STATE THE PRIMARY PURPOSE OF THE EVENT AND/OR TOURNAMENT

BC SOCCER RULES & REGULATIONS ACKNOWLEDGEMENTS	Please Check to Agree <input checked="" type="checkbox"/>
The Organization agrees to adhere to BC Soccer’s Rules & Regulations, including BC Soccer’s Small Sided Development Manual as applicable.	
The Organization understands it is responsible to submit complete data and payment for players participating via BC Soccer Short Term Event Player Permit ¹ 5 days prior to the tournament/event Start Date (and that the tournament/event may not maintain “sanctioned” status if The Organization fails to comply).	
The Organization agrees that only referees on BC Soccer’s Registered Referees list will be appointed to officiate.	

LISTING OF BOARD / STAFF / OFFICER / EXECUTIVE OF APPLYING ORGANIZATION (Minimum of 2 required to have signature)						
Position	Name	City & Postal Code	Primary Telephone	E-mail	Criminal Record Check on File (Yes or No)	Signature

¹ A BC Soccer Short-Term Event Player Permit enables a member organization the ability to permit individuals who are otherwise unregistered players to participate in a BC Soccer sanctioned tournament/event that lasts no longer than 10 days. The fee per player per permit is \$15.75 (includes GST). A form to collect BC Soccer Short Term Event Player Permit requests and participant information will be provided to the Tournament/Event Registrar (Main Contact) who is responsible to submit requests/participant information and fees a minimum of 5 days prior to the tournament’s start date.

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FEES (Please provide payment for the Associate Membership Application and relevant tournament fees)	
Short Term Event Associate Membership Application Fee	\$100
International Tournament Application Fee	\$100
Youth Tournament Fee	\$21 (includes GST)
Adult Tournament Fee	\$52.50 (includes GST)

Please Check	Payment Method	
	Cheque (made payable to BC Soccer Association)	
	Cash	Debit (available at office only)
	Credit Card (please provide information below or call to provide over the phone 604.299.6401)	
	Name as appears on the Credit Card:	
	Type of card (VISA or Mastercard only):	
	Credit Card number:	
	Credit Card expiry date (mm/yy):	Security code:
	Cardholder Signature:	

SUBMISSION INSTRUCTIONS		
Submit to the attention of:	Ryan McQuillan, Member Services Coordinator	
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	ryanmcquillan@bcsoccer.net
	3) Fax:	604.299.9610

OFFICE USE ONLY			
Received by:			Date:
Approved by Membership Committee	Yes	No	Date:
Approved by Board of Directors	Yes	No	Date:
Print name of board member or designate			
Signature of board member or designate			
Date:			