



OVERLAND PARK SOCCER COMPLEX TOURNAMENT APPLICATION

CLIENT INFORMATION:

TOURNAMENT NAME:			
HOSTING ORGANIZATION:			
ADDRESS:			
CITY, STATE, ZIP:			
DAY PHONE #:		CELL PHONE #:	
E-MAIL ADDRESS:			
CONTACT NAME:		PHONE #:	

SPECIFIC INFORMATION:

SPORT (Circle):	Soccer, Lacrosse, Football, Rugby, Field Hockey, Camp/Clinic Other _____		
FIELD USE (Circle):	League Games, Practice, Tournament, Camp/Clinic, Other _____		
FIELD SIZE (Circle):	11v11, 8v8, 6v6, 5v5, 4v4, 3v3 Other _____		
NUMBER OF FIELDS:			
ANTICIPATED NUMBER OF TEAMS:			
ANTICIPATED NUMBER OF OUT OF TOWN TEAMS:			
ANTICIPATED NUMBER OF HOTEL ROOMS:			
START DATE:	____/____/____	END DATE:	____/____/____
START TIME:	____:____ am/pm	END TIME:	____:____ am/pm

ADDITIONAL NOTES/INSTRUCTIONS: _____

The City of Overland Park and the Overland Park Soccer Complex reserves the right to revoke, postpone, or change the privileges granted to clients after the permit process is completed if the client breaches contract.

Applicant Signature

Date