



COLORADO SOCCER ASSOCIATION TOURNAMENT CHANGE REQUEST

To request changes to an approved tournament, please complete this form and return to smossavian@coloradosoccer.org

Tournament Name _____

Date of Tournament _____

CHANGE	FROM	TO
Name of Tournament		
Date of Tournament		
Tournament Director Name		
Tournament Director Address		
Tournament Director Phone		
Tournament Director E-mail		
Tournament Website Address		
Age Group/Gender		
Division (Comp or Rec)		
Total Number of Teams		
Team Entry Deadline		
# of Guest Players Allowed		
Out of State/Restricted Status		
Foreign Teams		
Entry Fee		

Reason for Change: _____

Submitted by: _____

Hosting Organization: _____

Designated Official of Hosting Organization: _____

Signature of Designated Official of Hosting organization: _____ Date: _____

(For Official Use Only)

APPROVAL

State Association or Affiliate: _____ Date: _____

By: _____ Date: _____