Please fill out completely, adding extra pages as necessary. When completed, scan then email a copy to dditillio@fysa.com and mail the original to Region C Cup, 4009 Arroyo Lane, Tampa, FL 33624. Retain a copy for your files. **DEADLINE: December 10, 2013** 

Festivals (Boys & Girls Division I & II (Boys & Division I & II (Boys & Round 16/Qrt Finals Region C Cup Finals I (* Not all Preliminary dates	Girls U11 – U13) Girls U14 – U19)	Februa Februa Februa March March oups. The nu	ary 1 – Feb ary 8 – Feb ary 22 – Fe 8 – March 15 – Marc mber of roun	ruary 9, 2 bruary 23 9, 2014 h 16, 201 ds needed	2014 3, 2014 4 and date		
Indicate the Age Grou (Note order of preference and		•	12 13 1 12 13 1				19 19
FYSA Affiliated Club							
Host Club/League Age	ent of Record						
Phone (H)	(w)		Cell				
E-Mail:							
Site Contact							
Address:							
Phone: (H)	(w)		Cell				
Fax:	E-Mail:						
Site Name:							
Site Address;							
Number of Fields Avai Field Sizes	lable:						
1.)	Lights (Y/N)	2.)		Ligh	ts (Y/N	)	
3.)	Lights (Y/N)	4.)		Ligh	ts (Y/N	)	
5.)	Lights (Y/N)	6.)		Ligh	ts (Y/N	)	
7.)	_ Lights (Y/N)	8.)		Ligh	ts (Y/N	)	
9.)	Lights (Y/N)	10.)		Lig	hts (Y/	N) _	

Please attach a list of any restrictions/requirements as to days and times.

Have you hosted these events before?
If yes, when, what age group and where?
Host Club President's Signature
Host Club Site Contact's Signature
Attach a brief description/map of host site including parking, restrooms, etc.

We, the undersigned, understand the responsibilities and duties involved in hosting the FYSA Region C Cup Rounds of competition. If accepted to host, we agree to have adequate volunteer power to perform the following:

- 1. Site Contact: Will receive information from the Region C Cup committee regarding the competition at their site. Will be responsible for providing the field marshals, referee drinks and fruit, volunteers to help sell t-shirts, and assist the Site Director as requested.
- 2. Field Marshalls: Minimum of one per field (prefer two)
- 3. Suggest Referee Assignor: Must provide the name, address and phone number of the suggested assignor to the cup committee who will make the selection of and notify the assignor. Selected sites may not contact the assignors. The region cup committee will provide the assignor a copy of the rules and regulations of this competition so that he/she can inform the officials. Assignor will be paid \$10 per game scheduled with officials, and is required to be on-site during the round to manage referees and their assignments.
- 4. Map: Provide a map to include a showing how to get to the site, the hotels and the emergency medical center.
- 5. Hotels- Provide a list of participating hotels including address, phone number, price and contact person.
- 6. Medical –Provide certified athletic trainer (FYSA will cover reasonable costs upon receipt of the bill from the trainer. This needs to be coordinated with the Region C Cup Committee.) The state additionally has secured an insurance rider to cover certified athletic trainers during their performance of their duties during the cup competition. If you do not have athletic trainers in mind, please advise the Region C Cup Committee who will work with you to get trainers for the site. Provide map to hospital from the fields.
- 7. Region Cup Site Director/Team check-in/ Referee Area The site needs to provide a separate area for the Region Cup site director, team check-in and an area for the referees. Site is required to provide water and fruit for the referees and Region C Cup Committee Site Directors. Host site is not required to provide food to its Volunteers or Referees. Any costs incurred for doing so are the choice and responsibility of the host organization.
- 8. Host organization will receive \$35 for small fields and \$50 for large fields per day at their site after hosting, provided they successfully host and meet the above requirements. Site contact is to send a bill for these games following the hosting weekend, to the Region C VP within 1-month of conclusion of the event.

Site Contact:	 
Host Club President:	

## **HOSTING AGREEMENT - HOTEL INFORMATION**

Site:
Please provide the following information on hotels that you have/will contact to participate in your hosting of Region C Cup Competition. Sufficiency of available rooms at reasonable costs are critical for teams attending each round. (attach additional sheets as needed)
Hotel Name:
Address:
Phone:
Hotel Reservation Phone;
Hotel Fax Number:
General Manager:
Sales Manager:
Hotel Contact person for this event:
Room Rate:
Does your club have arrangements for complimentary rooms with any of the hotels?
Does your club have arrangements for room night reimbursements with any of the hotels?
(Attach additional sheets if necessary, one sheet per hotel please)

## **EMEREGENCY MEDICAL INFORMATION**

Emergency Medical Facility Name:	
Address;	
Phone:	
Directions from Site:	
CERTIFIED ATHLETIC TRAINER OR MEDIAL SITE STAFF	
Name:	
Address:	
Phone #:	-
E-Mail:	

# **SUGGESTED REFEREE ASSIGNOR**

(FYSA SC Committee will make the final selection of all assignors.)

Address:  Phone: (H) (W)  (Cell) Fax:	
Phone: (H) (W)	
(Cell) Fax:	
E-Mail:	
Experience assigning: Teams  Leagues	
Tournaments	
DRA's Name	
DRA Phone #:	
Comments:	