



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 14th Annual CARABILLA CUP Website URL: www.hcwsoccer.com
 Hosting Organization HCUNITED Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ERIC SIMS Title GM Phone 813 299-4757
 Address 16208 LETA TRACE CT Email esims@hcwtampabay.fl.com Phone 813 299-4757
 City TAMPA State FL Zip Code 33624 Phone 813 968-1556 FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games ED RADICE / CARROLL WOOD **TEAM ENTRY DEADLINE:** JAN 1
 Date(s) of Tournament or Games 1/16-18/10 Estimated # of Teams 150-200
 Tournament or Games Director or Contact Person ERIC SIMS Phone () _____ W _____
 Address _____ Email _____ Phone _____ H _____
 City SPAINTE State AS Zip Code ABC Phone () _____ FAX _____

Age Groups Accepted	Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-6 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	2x15	4v4	<input checked="" type="checkbox"/>	3	150.00	<input type="checkbox"/>
U-8 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	2x20	4v4	<input checked="" type="checkbox"/>	3	200.00	<input type="checkbox"/>
U-10 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6v6	<input checked="" type="checkbox"/>	3	250.00	<input type="checkbox"/>
U-12 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	8v8	<input checked="" type="checkbox"/>	3	300.00	<input type="checkbox"/>
U-14 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	11v11	<input checked="" type="checkbox"/>	3	350.00	<input type="checkbox"/>
U-16 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11v11	<input checked="" type="checkbox"/>	3	350.00	<input type="checkbox"/>
U-19 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x40	11v11	<input checked="" type="checkbox"/>	3	400.00	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
 Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: All Affiliates
 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 all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization _____

Date 11/30/09

APPROVAL
(For Official Use Only)



By FUSA Date 12-23-09
 By JSD Title Office Manager

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for