

**FLORIDA YOUTH SOCCER ASSOCIATION
2010 US YOUTH SOCCER FLORIDA STATE CUP
PRELIMINARY & CHALLENGE ROUNDS
REQUEST TO HOST**

Please type information completely, adding extra pages as necessary. When completed, send the original to the State Cup Chairperson at 7201 Lake Ellenor Dr., Suite 200, Orlando, FL 32809. Mail a copy to your Regional VP and retain a copy for your files. **DEADLINE: January 5, 2010.**

This is a request to host:

Preliminary Rounds	_____	March 27 th & 28 th
(State-wide play)	_____	April 17 th & 18 th
Challenge Round	_____	May 8 th & 9 th (Round of 16)

Age Group Request: 1) _____ 2) _____ 3) _____

FYSA Affiliated Club: _____

Host Club/League President: _____

Phone (H): _____ (W): _____ (C): _____

E-Mail: _____

Site Name: _____

Site Address: _____

Number of Fields Available: _____

Field Sizes

1.) _____	Lights (Y/N) _____	2.) _____	Lights (Y/N) _____
3.) _____	Lights (Y/N) _____	4.) _____	Lights (Y/N) _____
5.) _____	Lights (Y/N) _____	6.) _____	Lights (Y/N) _____
7.) _____	Lights (Y/N) _____	8.) _____	Lights (Y/N) _____
9.) _____	Lights (Y/N) _____	10.) _____	Lights (Y/N) _____

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

Site Contact: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Fax: _____ E-Mail: _____

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Have you hosted this event before? _____

If yes, when and where? _____

Address of nearest Publix store: _____

Does host club have an existing relationship with a Publix store? _____

Please describe: _____

Host Club President's Signature: _____

Host Club Site Contact's Signature: _____

Attach a brief description/map of host site including parking, storage, restrooms, etc.

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We, the undersigned, understand the responsibilities and duties involved in hosting the FYSA State Cup Preliminary and Challenge Round weekends. If accepted to host, we agree to have adequate volunteer power to perform the following:

1. Site Contact: Will receive information from the State 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 assistance to 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 **State Cup Committee who will make the selection of and notify the assignor**. The State 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 \$7 per game scheduled with officials and is required to be on-site during the entire competition to manage referees and their assignments.
4. Map: Provide a map to include how to get to the site, the hotels, the emergency medical center and the nearest Publix store.
5. Hotels: Provide a list of area hotels including address, phone number, room night price and contact person.
6. Medical: Provide certified athletic trainer (1 per 4 fields used). FYSA will reimburse reasonable costs not to exceed \$30 per hour upon receipt of the bill from the certified athletic trainer. This service needs to be coordinated with the State Cup Committee. FYSA has secured an insurance rider to cover certified athletic trainers during the performance of their duties during the competition. If the host organization is unsuccessful in retaining a certified athletic trainer, please advise the FYSA Development Coordinator who will work with the host organization to get certified athletic trainers for the site. Provide map to hospital from the fields.
7. State Cup T-shirts: If the host organization provides volunteers to sell tournament t-shirts provided by the State Cup Committee, the host club will receive \$3 per shirt sold.
8. Site Director/Team Check-in/ Referee Area: The site needs to provide a separate area for the site director, team check-in and an area for the referees. Site is required to provide water and fruit for the referees and State Cup Committee site directors. Host site is not required to provide food to its volunteers, referees, or State Cup Committee. Any costs incurred for doing so are the choice and responsibility of the host organization.
9. All fields are to be marked according to US Youth Soccer guidelines and FIFA standards, as applicable. In addition, a restraining line of contrasting color will be drawn four (4) feet from the touchline. All sideline viewers must remain outside of that line.

After hosting the event, the host organization will receive \$20 per game played at the host site, provided the host organization successfully hosts and meets all the requirements set forth in this agreement. Site contact is to send a bill for these games to the FYSA Vice President of Competition/State Cup Chair within one month of the conclusion of the event.

Site Contact: _____

Host Club President: _____

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HOSTING AGREEMENT – HOTEL INFORMATION

Site: _____

Please provide the following information on hotels that you have/will contact to participate in your hosting of the State Cup Preliminary and Challenge Round weekends. Sufficiency of available rooms at reasonable costs are critical for teams attending the competition. (Attach additional sheets as needed.)

Hotel Name: _____

Address: _____

Phone: _____

Hotel Contact person for this event: _____

Approx. Room Rate: _____

Amenities (breakfast, internet, etc.): _____

Hotel Name: _____

Address: _____

Phone: _____

Hotel Contact person for this event: _____

Approx. Room Rate: _____

Amenities (breakfast, internet, etc.): _____

Hotel Name: _____

Address: _____

Phone: _____

Hotel Contact person for this event: _____

Approx. Room Rate: _____

Amenities (breakfast, internet, etc.): _____

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EMERGENCY MEDICAL INFORMATION

Emergency Medical Facility Name: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Directions from Site: _____

CERTIFIED ATHLETIC TRAINER OR MEDICAL SITE STAFF

Name: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

E-Mail Address: _____

SSN/EIN: _____

Name: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

E-Mail Address: _____

SSN/EIN: _____

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SUGGESTED REFEREE ASSIGNOR

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

Name: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Fax Number: _____

E-Mail Address: _____

Experience assigning: Teams: _____

 Leagues: _____

 Tournaments: _____

DRA Name: _____

DRA Phone (H): _____ (W): _____ (C): _____

Comments: _____

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HOSTING AGREEMENT – MEDIA INFORMATION

Site: _____

Please provide the following information on media contacts in the area. (Attach additional sheets as needed.)

Media Name: _____

Address: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone (H): _____(W): _____(C): _____

Fax Number: _____

Does the host club have a relationship with this media contact? Please explain if one exists.

(Attach additional sheets if necessary, one sheet per media contact please.)