



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 2nd Annual Central Brevard Hurricane Classic Website URL: www.BrevardSoccer.net

Hosting Organization Central Brevard Soccer Type of Tournament: Select Recreational Select & Rec

Designated Official of Hosting Organization Scott Blauie Title Tournament Liaison Phone (321) 7836569 W

Address 117 North Orlando Ave Email wquinter@cblt.com Phone () _____ H

City Hocoa Beach State FL Zip Code 32031 Phone (321) 783-3259 FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Name of Tournament or Games Mitch Ellington Park, Merritt Island, FL **TEAM ENTRY DEADLINE:** 15 days prior to event

Date(s) of Tournament or Games Aug 21 & 22, 2010 Estimated # of Teams 48+

Tournament or Games Director or Contact Person William Quinter Phone (321) 7836569 W

Address 117 North Orlando Ave Email wquinter@cblt.com Phone () _____ H

City Hocoa Beach State FL Zip Code 32031 Phone (321) 7833259 FAX

Age Groups Requested	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-9	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2/25	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-10	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2/25	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-11	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2/30	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U-12	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2/30	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U-13	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2/35	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-14	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2/35	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-15	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2/40	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-16	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2/40	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-17	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2/45	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-19	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2/45	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>

Most or types of teams and tournaments is on reverse side of this form.

RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.

Teams will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.

UNRESTRICTED TOURNAMENT Other US Soccer members as listed: all USSF affiliates (including USL, USClub, Super Y, AYSO)

Other teams as listed: _____

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 applicable State Association or Affiliate.

Signature of Designated Official of Hosting Organization [Signature] Date 1-6-10

APPROVAL
(For Official Use Only)



By FYSA Date 3.4.10
[Signature] Title Office Manager

RECEIVED
JAN 21 2010

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.