



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES
MEMORIAL SOCCER TOURNAMENT

Name of Tournament or Games 32ND ANNUAL SEMINOLE Website URL: www.floridasocceralliance.com
 Hosting Organization FLORIDA SOCCER ALLIANCE Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization KEITH DENTON Title PRESIDENT Phone 407 321 5264 W
 Address 1900 SEMINOLE SOCCER LOOP Email president@floridasocceralliance.com Phone () _____ H
 City SANFORD State FL Zip Code 32771 Phone 407 321 6192 FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games SEMINOLE SOCCER COMPLEX **TEAM ENTRY DEADLINE:**
 Date(s) of Tournament or Games MAY 29-31 2010 Estimated # of Teams 150
 Tournament or Games Director or Contact Person BOBBY HURRING Phone 407 321 5264 W
 Address 1900 SEMINOLE SOCCER LOOP Email predirector@floridasocceralliance.com Phone 321 276 0188 H
 City SANFORD State FL Zip Code 32771 Phone 407 321 6192 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-9 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2x25	6	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-10 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2x25	6	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-11 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2x30	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-12 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2x30	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-13 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x35	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-14 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x35	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U-15 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x40	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-16 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x40	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-17 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x45	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-19 8/11	RT, 51-53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x45	11	<input checked="" type="checkbox"/>	3	600	<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: FYSA, USYSA, AYSD, USSSA, USCLUB
 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 Keith Denton Date 1-5-10

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE FYSA Date 1-28-10
 By JSD Title Offic. 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 transportation, lodging, or injury to persons or property sustained in the course of the approved event.
 JAN 14 2010