



US Youth Soccer
A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Futbol Club of Sant a Rosa Labor Day Classic Website URL: www.fcsantarosa.com

Hosting Organization Futbol Club of Santa Rosa Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Robert Breland Title President Phone (850) 7490906 W

Address 3350 Silkwood Dr Email lbreland@mac.com Phone (820) 2067230 H

City Pace State FL Zip Code 32571 Phone () _____ FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Santa Rosa Soccer Complex **TEAM ENTRY DEADLINE:** 8/15/2010

Date(s) of Tournament or Games 4-5Sep10 Estimated # of Teams 100

Tournament or Games Director or Contact Person _____ Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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- 10 8/1/ 99	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 11 8/1/ 98	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 12 8/1/ 97	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 13 8/1/ 96	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 14 8/1/ 95	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 15 8/1/ 94	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 16 8/1/ 93	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 17 8/1/ 92	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 18 8/1/ 91	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 18	3	60	11	<input checked="" type="checkbox"/>	3	425	<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 USSF
- 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 12/14/09

APPROVAL
(For Official Use Only)



STATE ASSOCIATION OR AFFILIATE FYSA Date 5.13.10

By [Signature] 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

RECEIVED
APR 12 2010