



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Goal to Goal Youth Cup Website URL: www.soccerskillsunlimited.org

Hosting Organization Soccer Skills Unlimited Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Jeff Pinteralli Title President Phone (727) 2518459 W

Address PO Box 1332 Email information@soccerskillsunlimited.org Phone () _____ H

City Tarpon Springs State Fl Zip Code 34688 Phone () _____ FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Boca Raton **TEAM ENTRY DEADLINE:** October-1, 2010

Date(s) of Tournament or Games October 9-10, 2010 Estimated # of Teams 75

Tournament or Games Director or Contact Person Jeff Pinteralli Phone (727) 2518459 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- 9 8/1/	All USSF AFFILIATES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 10 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	6	<input checked="" type="checkbox"/>	3	425	<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"/>
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"/>
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: USCLUB, AYSO
- 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 4-10-2010

APPROVAL
(For Official Use Only)



STATE ASSOCIATION OR AFFILIATE FYSA

By _____

Date 5-17-10

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 transportation, lodging, or injury to persons or property sustained in the course of the approved event.

RECEIVED

APR 12 2010