



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 HCUNITED MEMORIAL DAY TOURNAMENT Website URL: www.hcusoccer.com
 Hosting Organization HCUNITED Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ERIC SIMS Title GM Phone 813 299-4757
 Address 16208 LETA TRACE CT Email ESIMS8@tampabay.fl.com Phone () H
 City TAMPA State FL Zip Code 33624 Phone () FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games EDRADICE / CARROLLWOOD **TEAM ENTRY DEADLINE:** 5/15/2010
 Date(s) of Tournament or Games 5/28 - 5/31 Estimated # of Teams 100+
 Tournament or Games Director or Contact Person MARYANN BISHOP Phone 813 966-7919
 Address 16208 LETA TRACE CT Email ESIMS8@tampabay.fl.com Phone () H
 City TAMPA State FL Zip Code 33624 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	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2x25	6x6	<input checked="" type="checkbox"/>	3	250	<input type="checkbox"/>
U-10 8/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2x25	6x6	<input checked="" type="checkbox"/>	3	250	<input type="checkbox"/>
U-11 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2x30	8x8	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-12 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2x30	8x8	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-13 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-14 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-15 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-16 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-17 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-19 8/1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2x35	11x11	<input checked="" type="checkbox"/>	3	450	<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 AFFILIATES
 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 [Signature]

Date 4/20/10

APPROVAL
(For Official Use Only)

STATE ASSOCIATION AFFILIATE FLORIDA FYSA Date 3/16/10
 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 transportation, lodging, or injury to persons or property sustained in the course of the approved event.

MAR 15 2010