

**FLORIDA YOUTH SOCCER ASSOCIATION
2012 US YOUTH SOCCER FLORIDA STATE CUP REQUEST TO HOST**

Please fill out completely, adding extra pages as necessary. When completed, scan then email a copy to statecupquestions@fysa.com and mail the original to Florida Youth Soccer, Attn State Cup, 2828 Lake Myrtle Park Road, Orlando, FL 33823. Retain a copy for your files.

DEADLINE: Dec. 16, 2011

This is a request to host the following State Cup rounds:

Preliminary Rounds *	_____	Mar 24 th & 25 th *
(State-wide play)	_____	Apr 14 th & 15 th *
Challenge Round	_____	Apr 28 th – 29 th (Round of 16, 8-10 field minimum)**

(* Not all Preliminary dates will be needed for all age groups. The number of rounds needed and dates for Preliminary rounds will be determined based on the number of teams entered in each age group.)

** Because we host the Challenge Round at 1 location for all girls and 1 locations for all boys to facilitate College coach attendance, a minimum of 8-10 fields at 1 location is preferred.

Indicate the Age Group(s) desiring to host:	Boys	13	14	15	16	17	18	19
(Note order of preference and identify other requirements)	Girls	13	14	15	16	17	18	19

FYSA Affiliated Club _____

Host Club/League Agent of Record _____

Phone (H) _____ (w) _____ Cell _____

E-Mail: _____

Site Contact _____

Address: _____

Phone: (H) _____ (w) _____ Cell _____

Fax: _____ E-Mail: _____

Site Name: _____

Site Address; _____

Number of Fields Available: _____

Field Sizes

- | | |
|------------------------------|-------------------------------|
| 1.) _____ Lights (Y/N) _____ | 2.) _____ Lights (Y/N) _____ |
| 3.) _____ Lights (Y/N) _____ | 4.) _____ Lights (Y/N) _____ |
| 5.) _____ Lights (Y/N) _____ | 6.) _____ Lights (Y/N) _____ |
| 7.) _____ Lights (Y/N) _____ | 8.) _____ Lights (Y/N) _____ |
| 9.) _____ Lights (Y/N) _____ | 10.) _____ Lights (Y/N) _____ |

Please attach a list of any restrictions/requirements as to days and times.

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Have you hosted these events before? _____

If yes, when, what age group and where? _____

Host Club President's Signature _____

Host Club Site Contact's Signature _____

Attach a brief description/map of host site including parking, restrooms, etc.

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We, the undersigned, understand the responsibilities and duties involved in hosting the FYSA Premier State Cup Rounds of competition. If accepted to host, we agree to have adequate volunteer power to perform the following:

1. Site Contact: Will receive information from the State Cup committee regarding the competition at their site. Will be responsible for providing the field marshals, referee drinks and fruit, volunteers to help sell t-shirts, and assist the Site Director as requested.
2. Field Marshalls: Minimum of one per field (prefer two)
3. Suggest Referee Assignor: Must provide the name, address and phone number of the suggested assignor to the cup committee who will make the selection of and notify the assignor. Selected sites may not contact the assignors. The state cup committee will provide the assignor a copy of the rules and regulations of this competition so that he/she can inform the officials. Assignor will be paid \$10 per game scheduled with officials, and is required to be on-site during the round to manage referees and their assignments.
4. Map: Provide a map to include a showing how to get to the site, the hotels and the emergency medical center.
5. Hotels- Provide a list of participating hotels including address, phone number, price and contact person.
6. Medical –Provide certified athletic trainer (FYSA will cover reasonable costs upon receipt of the bill from the trainer. This needs to be coordinated with the SC Committee.) The state additionally has secured an insurance rider to cover certified athletic trainers during their performance of their duties during the cup competition. If you do not have athletic trainers in mind, please advise the SC Committee who will work with you to get trainers for the site. Provide map to hospital from the fields.
7. State Cup T-shirts – Provided you supply volunteers to sell tournament T-shirts provided by the State Cup Committee, you will receive \$3 per shirt sold.
8. SC Site Director/Team check-in/ Referee Area – The site needs to provide a separate area for the SC site director, team check-in and an area for the referees. Site is required to provide water and fruit for the referees and State Cup Committee Site Directors. Host site is not required to provide food to its Volunteers or Referees. Any costs incurred for doing so are the choice and responsibility of the host organization.
9. Host organization will receive \$25 per game played at their site after hosting, provided they successfully host and meet the above requirements. Site contact is to send a bill for these games following the hosting weekend, to the VP-Competition & State Cup chair within 1-month of conclusion of the event.

Site Contact: _____

Host Club President: _____

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HOSTING AGREEMENT – HOTEL INFORMATION

Site: _____

Please provide the following information on hotels that you have/will contact to participate in your hosting of Premier State Cup Competition. Sufficiency of available rooms at reasonable costs are critical for teams attending each round. (attach additional sheets as needed)

Hotel Name: _____

Address: _____

Phone: _____

Hotel Reservation Phone; _____

Hotel Fax Number: _____

General Manager: _____

Sales Manager: _____

Hotel Contact person for this event: _____

Room Rate: _____

Does your club have arrangements for complimentary rooms with any of the hotels?

Does your club have arrangements for room night reimbursements with any of the hotels?

(Attach additional sheets if necessary, one sheet per hotel please)

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EMERGENCY MEDICAL INFORMATION

Emergency Medical Facility Name: _____

Address; _____

Phone: _____

Directions from Site: _____

CERTIFIED ATHLETIC TRAINER OR MEDIAL SITE STAFF

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

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SUGGESTED REFEREE ASSIGNOR

(FYSA SC Committee will make the final selection of all assignors.)

Name: _____

Address: _____

Phone: (H) _____ (W) _____

(Cell) _____ Fax: _____

E-Mail: _____

Experience assigning: Teams _____

Leagues _____

Tournaments _____

DRA's Name _____

DRA Phone #: _____

Comments:
