



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 Suncoast Senior Kickoff Classic Website URL: www.ppysa.com

Hosting Organization Pinellas United Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Chip Bruce Title President Phone (727) -7733332 W

Address 6973 Cedar Ridge Dr Email chip.bruce@hcahealthcare.com Phone (727) -5452872 H

City Pinellas Park State FL Zip Code 33781 Phone (727) -7733335 FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Pinellas Park Complex **TEAM ENTRY DEADLINE:** July 22nd, 2010

Date(s) of Tournament or Games July 31st & August 1st, 2010 Estimated # of Teams 50

Tournament or Games Director or Contact Person Chip Bruce Phone (727) -7733332 W

Address 6973 Cedar Ridge Dr Email tmtdirector@ppysa.com Phone (727) -5452872 H

City Pinellas Park State FL Zip Code 33781 Phone (727) -7733335 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-	19	8/1/	91	U-19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 minutes	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-	18	8/1/	92	U-18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 minutes	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-	17	8/1/	93	U-17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 minutes	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-	16	8/1/	94	U-16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 minutes	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-	15	8/1/	95	U-15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 minutes	11	<input checked="" type="checkbox"/>	3	300	<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: _____

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 *Chip Bruce* Date 4/15/10

APPROVAL (For Official Use Only)

STATE ASSOCIATION AFFILIATE FYSA Date 5-27-10

By *JDe* 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 30 2010