

**FLORIDA YOUTH SOCCER ASSOCIATION  
HACKWORTH-DAVIS CUP HOSTING AGREEMENT REQUEST**

Please fill out completely, adding extra pages as necessary. When completed, send the original to the Hackworth-Davis Cup Chairperson at PO Box 593683, Orlando, FL 32859-3683. Mail a copy to your Region Vice-President and retain a copy for your files.

**Deadline: December 11, 2006.**

Hackworth-Davis Cup March 31 & April 1, 2007 (to be hosted in Region A)

FYSA Affiliated Club \_\_\_\_\_

Host Club/League President \_\_\_\_\_

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) \_\_\_\_\_

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

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 \_\_\_\_\_

Please attached a brief description of host site including parking, restrooms, etc.

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We, the undersigned, understand the responsibilities and duties involved in hosting the Hackworth-Davis Cup. If accepted to host we agree to have adequate volunteer power to perform the following:

1. Site Contact: Will receive information from the Hackworth-Davis Cup Committee regarding the competition at their site. Will be responsible for providing the field marshals, referee drinks and fruit, and assist the Site Director as needed.
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. 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 \$5 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 (state will reimburse the club up to \$300/weekend upon receipt of a copy of the bill from the trainer.) The state additional has secured an insurance rider to cover certified athletic trainers during their performance of their duties during the cup competition. Provide map to hospital from the fields.
7. Site Director/Team check-in/ Referee Area – The site should provide a separate area for the site director, team check-in and 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.
8. Host organization will receive \$15 per game played at their site after hosting, provided the 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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Site: \_\_\_\_\_

Please provide the following information on hotels that you have contacted to participate in your hosting of the Hackworth-Davis Cup Competition.

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 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_