



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 7TH ANNUAL BAZOOKA SOCCER CLASSIC Website URL: www.bazookasoccer.com

Hosting Organization BAZOOKA SOCCER Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization BONI OKAFOR Title DIRECTOR Phone (850) 3562996 W

Address P.O. BOX 10286 Email boni@bazookasoccer.com Phone (850) 3562996 H

City PENSACOLA State FL Zip Code 32524 Phone () _____ FAX _____

State Association or Affiliate FLORIDA YOUTH SOCCER ASSOCIATION Guest Referees Applications Accepted Yes No

Location of Tournament or Games SEMINOLE SOCCER COMPLEX SANFORD, FL **TEAM ENTRY DEADLINE:** OCTOBER 4, 2008

Date(s) of Tournament or Games OCTOBER 31 - NOVEMBER 2, 2008 Estimated # of Teams 120

Tournament or Games Director or Contact Person BAZOOKA OKAFOR Phone (850) 3562996 W

Address P.O. BOX 10286 Email boni@bazookasoccer.com Phone (850) 3562996 H

City PENSACOLA State FL Zip Code 32524 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- <u>9/10</u> 8/1/	COMPETITIVE TEAMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MINUTES	12	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 11 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60 MINUTES	16	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 12 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60 MINUTES	16	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 13 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 14 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 15 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	80 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 16 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	80 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 17 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	90 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 18 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	90 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 19 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	90 MINUTES	22	<input checked="" type="checkbox"/>	3	500	<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 USSF AFFILIATES INCLUDING US CLUB SOCCER

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 *Boni Okafor*

Date 5/25/08

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE FLSA Date 6-5-08

By *Carb Newton* Title *Dir of Prog/Svc*

RECEIVED