



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: ADIDAS Columbus Day Classic 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: 813298-4257 W
 Address: 16208 LETA TRACE CT Email: ESims@tampabay.fcra.com Phone () _____ H
 City: TAMPA State: FL Zip Code: 33624 Phone () _____ FAX
 State Association or Affiliate: FLSA Guest Referees Applications Accepted: Yes No
 Location of Tournament or Games: EDRADICE/Carrollwood/Shimberg/Kallick PARK TEAM ENTRY DEADLINE: 9/10/08
 Date(s) of Tournament or Games: 10/10 - 10/12 Estimated # of Teams: 205
 Tournament or Games Director or Contact Person: ERIC SIMS Phone () _____ W
 Address: _____ Email: _____ Phone () _____ H
 City: _____ State: _____ Zip Code: _____ 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	1	2x25	6V6	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-10 8/1/	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	↓	2x25	6V6	<input checked="" type="checkbox"/>	↓		<input type="checkbox"/>
U-11 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		2x30	8V8	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-12 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		2x30	8V8	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-13 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35	11V11	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-14 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-15 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-16 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2x35		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-17 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22		2x40		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
U-19 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22		2x40		<input checked="" 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: include all affiliates

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: 9/28/08

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE: FLSA Date: 9.30.08
 By: [Signature] Title: Dir of Prog/Spec

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for

FAXED
SEP 30 2008