



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games FCSR Spring Classic Website URL: www.fcsantarosa.com

Hosting Organization Futbol Club of Santa Rosa Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Robert Ireland Title President Phone (850) 7490906 W

Address 3350 Silkwood Ln Email lbreland@mec.com Phone (850) 2067230 H

City Pace State FL Zip Code 32571 Phone () FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Santa Rosa Soccer Park **TEAM ENTRY DEADLINE:** 5-10-09

Date(s) of Tournament or Games 9-10 May 2009 Estimated # of Teams 100

Tournament or Games Director or Contact Person Scott Colvin Phone (850) 5254185 W

Address 4712 Winterdale Dr Email scottcolvin4712@yahoo.com Phone (850) 9946151 H

City Pace State FL Zip Code 32571 Phone (850) 9948236 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/ 0	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 10	8/1/ 99	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 11	8/1/ 98	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 12	8/1/ 97	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 13	8/1/ 96	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 14	8/1/ 95	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 15	8/1/ 94	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 16	8/1/ 93	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 17	8/1/ 92	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 18	8/1/ 91	S1,S2,S3,REC+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	11	<input checked="" type="checkbox"/>	3	425	<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
- 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 [Signature] Date 9-20-08

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE FYSA Date 12-2-08

By Barb Newton Title Dir of Prog/Svc.

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.

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