



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games GASPARILLA CUP Website URL: www.hcusoccer.com
 Hosting Organization HCONITED Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ERIC SIMS Title General Manager Phone 813, 299-4757 W
 Address 16208 LetATRACE CT Email esims8@tampabay.rr.com Phone 813, 299-4757 H
 City TAMPA State FL Zip Code 33624 Phone 813, 884-3828 FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games ED RADILE PARK **TEAM ENTRY DEADLINE:** JAN 2 2009
 Date(s) of Tournament or Games 1/17 - 1/19 2009 Estimated # of Teams 150
 Tournament or Games Director or Contact Person ERIC SIMS (SAME INFO ABOVE) 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-5 8/1	RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	3	2x15	4v4	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U-6 8/1	RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	3	2x15	4v4	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U-8 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	2x20	4v4	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U-10 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6v6	<input checked="" type="checkbox"/>	3	250	<input type="checkbox"/>
U-12 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	8v8	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-14 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	11v11	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U-16 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11v11	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U-19 8/1	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x40	11v11	<input checked="" type="checkbox"/>	3	350	<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: Include all affiliates
- 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 

Date 11/13/08

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE FYSA Date 12-3-08
 By Barbara Newton Title Dir of Prog/Soc

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

RECEIVED

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