



US Youth Soccer
A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games The Stinging Kicks Soccer Tournament Website URL: www.columbiayouthsoccerassociation.com

Hosting Organization Columbia Youth Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Mandy Harrell Title Tournament Director Phone (386) 2884816 W

Address 11096 73rd Ct Email mharrell@columbiayouthsoccerassociation.com Phone (386) 2884816 H

City Live Oak State FL Zip Code 32060 Phone () N/A FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Columbia Youth Soccer Complex, Lake City, FL **TEAM ENTRY DEADLINE:** March 22, 2009

Date(s) of Tournament or Games June 6-7, 2009 Estimated # of Teams 50

Tournament or Games Director or Contact Person Mandy Harrell Phone (386) 2884816 W

Address 11096 73rd Ct Email mharrell@columbiayouthsoccerassociation.com Phone (386) 2884816 H

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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- 12 8/1/ <u>96</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 min	8	<input checked="" type="checkbox"/>	3	300	<input checked="" type="checkbox"/>
U- 13 8/1/ <u>95</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" type="checkbox"/>
U- 14 8/1/ <u>94</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" type="checkbox"/>
U- 15 8/1/ <u>93</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	80 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" type="checkbox"/>
U- 16 8/1/ <u>92</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	80 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" type="checkbox"/>
U- 17 8/1/ <u>91</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	90 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" type="checkbox"/>
U- 18 8/1/ <u>90</u>	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	90 min	11	<input checked="" type="checkbox"/>	3	350	<input checked="" 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"/>
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: USSF, US Youth, FL, GA
- 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 2/21/08

STATE ASSOCIATION OR AFFILIATE FYSA APPROVAL (For Official Use Only) [Signature] Date 3/20/08

By [Signature] Title Dir. of Coaching

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.

RECEIVED
AUG 04 2008