



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

Please Type or Print Clearly – Do Not Staple

1. APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games ACDC TOURNAMENT Website URL: www.tbusc.com
 Hosting Organization TAMPA BAY UNITED Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ERIC SIMS Title Chief Operating Officer Phone (813) 299-4757W
 Address 3410 W. CASS ST. Email esims@tbusc.com Phone () _____ H
 City TAMPA State FL Zip Code 33609 Phone () _____ FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games TAMPA, FL **TEAM ENTRY DEADLINE:** September 22nd
 Date(s) of Tournament or Games OCTOBER 11-13 Estimated # of Teams 250+
 Tournament or Games Director or Contact Person ERIC SIMS Phone (813) 299-4757W
 Address 3410 W. CASS ST Email esims@tbusc.com Phone () _____ H
 City TAMPA State FL Zip Code 33609 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	1/1/11 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7v7	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U-10	1/1/11 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7v7	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U-11	1/1/11 09 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9v9	<input checked="" type="checkbox"/>	3	695	<input type="checkbox"/>
U-12	1/1/11 08 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9v9	<input checked="" type="checkbox"/>	3	695	<input type="checkbox"/>
U-13	1/1/11 07 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11v11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U-14	1/1/11 06 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x30	11v11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U-15	1/1/11 05 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11v11	<input checked="" type="checkbox"/>	3	875	<input type="checkbox"/>
U-16	1/1/11 04 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11v11	<input checked="" type="checkbox"/>	3	875	<input type="checkbox"/>
U-17	1/1/11 03 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11v11	<input checked="" type="checkbox"/>	3	875	<input type="checkbox"/>
U-19	1/1/11 01 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11v11	<input checked="" type="checkbox"/>	3	875	<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

RT RESTRICTED TOURNAMENT –Open only to members of US Youth Soccer and its State Associations.
 Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: ALL AFFILIATES
 International
 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 4/10/19



By [Signature]

Date 4/23/19

Title Executive Director