



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 Collier County Columbus Cup Website URL: www.soccerstillsunlimited.com

Hosting Organization SSU Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Jeff Pinterelli Title Pres. Phone () _____ W

Address _____ Email soccerstillsunlimited@gmail.com Phone () _____ H

City Boca Raton State FL Zip Code 33428 Phone () _____ FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Naples **TEAM ENTRY DEADLINE:** Oct 1

Date(s) of Tournament or Games October 12-13 2019 Estimated # of Teams 75

Tournament or Games Director or Contact Person Same as 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-9 8/11 11	31-54	<input type="checkbox"/>	<input type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-10 8/11 10		<input type="checkbox"/>	<input type="checkbox"/>	12		50	7	<input type="checkbox"/>		425	<input type="checkbox"/>
U-11 8/11 9		<input type="checkbox"/>	<input type="checkbox"/>	14		50	9	<input type="checkbox"/>		450	<input type="checkbox"/>
U-12 8/11 8		<input type="checkbox"/>	<input type="checkbox"/>	16		50	9	<input type="checkbox"/>		450	<input type="checkbox"/>
U-13 8/11 7		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>		495	<input type="checkbox"/>
U-14 8/11 6		<input type="checkbox"/>	<input type="checkbox"/>	22			11	<input type="checkbox"/>			<input type="checkbox"/>
U-15 8/11 5		<input type="checkbox"/>	<input type="checkbox"/>	22			11	<input type="checkbox"/>			<input type="checkbox"/>
U-16 8/11 4		<input type="checkbox"/>	<input type="checkbox"/>	22			11	<input type="checkbox"/>			<input type="checkbox"/>
U-17 8/11 3		<input type="checkbox"/>	<input type="checkbox"/>	22			11	<input type="checkbox"/>			<input type="checkbox"/>
U-18 8/11 2		<input type="checkbox"/>	<input type="checkbox"/>	22			11	<input type="checkbox"/>			<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 (Open to all Federation affiliated participants) ALL USYS 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

[Handwritten Signature]

Date 8-10-19



FLORIDA YOUTH SOCCER ASSOCIATION (Use Only) STATE ASSOCIATION OR AFFILIATE

APPROVED

By FYSA *[Signature]*

Date 8/20/19
 Title **Executive Director**