

1. APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games MIAMI SOCCER FESTIVAL 2019 Website URL: WWW.MIAMISOCCEFESTIVAL.ORG
 Hosting Organization SOCCER 5 Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization SCOTT GEORGESEN Title PRESIDENT Phone (65) 965 9855 W
 Address 8011 SW 127TH AVENUE Email SCOTT.GEORGESEN@SOCCER5USA.COM Phone () _____ H
 City MIAMI State FL Zip Code 33183 Phone () _____ FA)
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games KENDALL SOCCER PARK TEAM ENTRY DEADLINE: OCT 25TH
 Date(s) of Tournament or Games NOV 2ND & 3RD 2019 Estimated # of Teams 120
 Tournament or Games Director or Contact Person SCOTT GEORGESEN Phone () _____ W
 Address 8011 SW 127TH AVENUE Email SCOTT.GEORGESEN@SOCCER5USA.COM Phone () _____ H
 City MIAMI State FL Zip Code 33183 Phone () _____ FA)

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 1/1/ 15	52, 53, 54, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	30	4	<input checked="" type="checkbox"/>	3	95	<input type="checkbox"/>
U-6 1/1/ 14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	30	4	<input checked="" type="checkbox"/>	3	95	<input type="checkbox"/>
U-8 1/1/ 12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	30	4	<input checked="" type="checkbox"/>	3	95	<input type="checkbox"/>
U-9 1/1/ 11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	30	7	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U-9 1/1/ 11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	5	30	7	<input checked="" type="checkbox"/>	3	235	<input type="checkbox"/>
U-10 1/1/ 10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	30	7	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U-10 1/1/ 10		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	5	40	7	<input checked="" type="checkbox"/>	3	235	<input type="checkbox"/>
U-11 1/1/ 9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	40	9	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>
U-11 1/1/ 9		<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	40	9	<input checked="" type="checkbox"/>	3	285	<input type="checkbox"/>
U-12 1/1/ 8		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	40	9	<input checked="" type="checkbox"/>	3	175	<input type="checkbox"/>

U 12 11 8 x x 16 5 40 9 x 3 285

*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: US CLUB SOCCER, SAY SOCCER, USSSA
- 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 8/12/19

APPROVAL



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

By [Signature] Title Executive Director Date 8/27/19

APPROVED