



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 Orlando City Cup 2019 Website URL: WWW.OCYOUTHSOCCER.COM
 Hosting Organization Orlando City Youth Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Laura Halfpenny Title Tournament Director Phone () 407-321-5264 W
 Address 1900 Seminole Soccer Loop Email tanya.neidert@ocyouthsoccer.com Phone () 321-745-5113 H
 City Sanford State FL Zip Code 32771 Phone () 407-321-5280 FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Seminole Soccer Complex TEAM ENTRY DEADLINE: October 1st, 2019
 Date(s) of Tournament or Games October 11-13, 2019 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Tanya Neidert Phone () 407-321-5264 W
 Address 1900 Seminole Soccer Loop Email tanya.neidert@ocyouthsoccer.com Phone () 321-745-5113 H
 City Sanford State FL Zip Code 32771 Phone () 407-321-5280 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 1/11 11	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 10 1/11 10	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 11 1/11 09	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 12 1/11 08	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 13 1/11 07	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 14 1/11 06	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 15 1/11 05	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 16 1/11 04	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 17 1/11 03	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 19 1/11 01	UT,S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<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: _____
- 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 _____

Date 2/28/2019



FYSA
West

Date

3/7/19

Title

Executive Director