



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



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

SOCCER SKILLS THANKSGIVING CUP Website URL: www.soccerskillsunlimited.org

Name of Tournament or Games _____ Website URL: _____

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

Designate Official of Hosting Organization _____ Title _____ Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ Phone () _____ FAX

State Association or Affiliate _____ Guest Referees Applications Accepted Yes No

Location of Tournament or Games _____ **TEAM ENTRY DEADLINE:** NOV 30 - DEC 1, 2019

Date(s) of Tournament or Games Nov. 30 - Dec. 1, 2019 Estimated # of Teams _____

Tournament or Games Director or Contact Person _____ 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 #11	[Handwritten mark]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-12 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-11 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-13 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-17 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-14 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-15 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-16 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-19 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	1	30	11	<input checked="" type="checkbox"/>	10	100	<input type="checkbox"/>
U-18 #11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	1	30	11	<input checked="" type="checkbox"/>	10	100	<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)
- 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 4-10-19



[Signature]
JYSA
[Signature]

Date 4/22/19
 Title Executive Director