



Please Type or Print Clearly -- Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

SOUTH FLORIDA PRETHANKSGIVING CUP

Name of Tournament or Games: _____ Website URL: www.bazookasoccer.com

Hosting Organization: BAZOOKA SOCCER Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization: BONI OKAFER Title: DIRECTOR Phone: 888 356-2996 W

Address: P.O. BOX 10286 Email: boni@bazookasoccer.com Phone: 888 356-2996 H

City: PENSACOLA State: FL Zip Code: 32524 Phone: () _____ FAX

State Association or Affiliate: FYSA Guest Referees Applications Accepted: Yes No

Location of Tournament or Games: NAPLES, FLORIDA **TEAM ENTRY DEADLINE: NOVEMBER 11, 2019**

Date(s) of Tournament or Games: NOVEMBER 16-17, 2019 Estimated # of Teams: 100

Tournament or Games Director or Contact Person: BONI OKAFER Phone: 888 356-2996 W

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City: PENSACOLA State: FL Zip Code: 32524 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-9/10	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-11	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	455	<input type="checkbox"/>
U-12	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	455	<input type="checkbox"/>
U-13	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-14	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-15	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-16	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-17	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-18	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>
U-19	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	485	<input type="checkbox"/>

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

- RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: ALL US YOUTH AFFILIATES: USYS, US CLUB SOCCER, USSSA, AYSO, SA
- Foreign 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: Boni Okifer Date: 6/5/19



APPROVAL
(For Official Use Only)

By: [Signature] Title: Executive Director

Date: 6/12/2019

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.