



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

THE INTERNATIONAL CUP QUALIFIER Website URL: www.soccerskillsunlimited.org

Name of Tournament or Games _____ Hosting Organization _____ Type of Tournament: Select Recreational Select & Rec

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

Address _____ Email: usoccer@skillsunlimited.com Phone () _____ H

City _____ State FL Zip Code 33509 Phone () _____ FAX

State Association or Affiliate _____ Guest Referees Applications Accepted Yes No

Location of Tournament or Games NAPLES FL **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games _____ 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-15		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-16		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-17		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	100	<input type="checkbox"/>
U-18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	30	11	<input checked="" type="checkbox"/>	3	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

APPROVAL

 Official Use Only STATE ASSOCIATION AFFILIATE
 By [Signature] Date 4/27/19
 Title Executive Director
APPROVED