



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

Name of Tournament or Games The Pre-Thanksgiving Cup - Orlando Website URL: www.soccerkillsunlimited.com
 Hosting Organization SSU Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jeff Pinterelli Title Pres Phone () _____ W
 Address 13 Email soccerkillsunlimited@gmail.com Phone _____ H
 City Boca Raton State FL Zip Code 33428 Phone () _____ FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Four Corners TEAM ENTRY DEADLINE: Nov 1
 Date(s) of Tournament or Games Nov 10-11-2019 Estimated # of Teams 100
 Tournament or Games Director or Contact Person _____ Phone () _____ W
 Address _____ Email As Above 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 8/11 11	51-54	<input type="checkbox"/>	<input type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-10 8/11 10		<input type="checkbox"/>	<input type="checkbox"/>	12		50	7	<input type="checkbox"/>		1	<input type="checkbox"/>
U-11 8/11 9		<input type="checkbox"/>	<input type="checkbox"/>	16		60	9	<input type="checkbox"/>		450	<input type="checkbox"/>
U-12 8/11 8		<input type="checkbox"/>	<input type="checkbox"/>	16		60	9	<input type="checkbox"/>		1	<input type="checkbox"/>
U-13 8/11 7		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>		495	<input type="checkbox"/>
U-14 8/11 6		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U-15 8/11 5		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U-16 8/11 4		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U-17 8/11 3		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>			<input type="checkbox"/>
U-18 8/11 2		<input type="checkbox"/>	<input type="checkbox"/>	22		60	11	<input type="checkbox"/>			<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) ALL USSF Affiliates
 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 8-10-19



By FYSA Date 8/20/19
 By [Signature] Title Executive Director

APPROVED