



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 2018 Thanksgiving Soccer Club Website URL: http://www.chargerssoccer.com/tournaments/2018-thanksgiving-soccer-cup

Hosting Organization Chargers Soccer Club (CNCSC) Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Steve Kimbrell Title President Phone 813 230-3127 W

Address P.O. Box 47026 Email KsKimbrell@aol.com Phone () _____ H

City Tampa State FL Zip Code 33646 Phone () _____ FAX

State Association or Affiliate Florida Youth Soccer Association (FYSA) Guest Referees Applications Accepted Yes No

Location of Tournament or Games Greater Clearwater area (FL) **TEAM ENTRY DEADLINE:** 11/4/2018

Date(s) of Tournament or Games 11/23/18-11/25/18 Estimated # of Teams 100

Tournament or Games Director or Contact Person Steve Kimbrell Phone (813) 230-3127 W

Address P.O. Box 47026 Email KsKimbrell@aol.com Phone () _____ H

City Tampa State FL Zip Code 33646 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- 14 1/1/ 05	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22*	6	2 x 30	11	<input checked="" type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 13 1/1/ 06	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22*	6	2 x 30	11	<input checked="" type="checkbox"/>	3	\$575	<input type="checkbox"/>
U- 12 1/1/ 07	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2 x 25	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U- 11 1/1/ 08	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2 x 25	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U- 10 1/1/ 09	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2 x 25	7	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>
U- 09 1/1/ 10	S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2 x 25	7	<input checked="" type="checkbox"/>	3	\$525	<input type="checkbox"/>

*U13-U14 teams may roster 22, but must name no more than 18 for each game.
 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**
- International Other US Soccer Members as listed: All including but not limited to USYS, US Club, Supocr Y, AYSA & SAY
- 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

Steve Kimbrell

Date 10-14-18



(Only) STATE ASSOCIATION OR AFFILIATE

FYSA

Date 10/15/18

APPROVED

By

[Signature]

Title

Executive Director