

APPLICATION TO HOST A TOURNAMENT OR GAMES

SD Charity Cup

Name of Tournament or Games SD Charity Cup Website URL: www.stspecialists.com
 Hosting Organization Matrix Type of Tournament: Select Recreational Select &
 Designate Official of Hosting Organization Ben Leathers Title President Phone (858-248-5951)
 Address 11238 Darby Place Email ben.leathers.hp@gmail.com Phone ()
 City San Diego State CA Zip Code 92120 Phone ()
 State Association or Affiliate Cal South Guest Referees Applications Accepted Yes No
 Location of Tournament or Games 4S Ranch/Hourglass Park/TBA TEAM ENTRY DEADLINE: 5/11/2019
 Date(s) of Tournament or Games June 8-9 2019 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Anthony Farace Phone (619-250-7962)
 Address 10502 Mission Gorge Road #120 Email anthony@stspecialists.com Phone ()
 City Santee State CA Zip Code 92071 Phone ()

U	Age Groups Accepted	Type(s) of Team Accepted *	B	C	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	B
U-9	8/11 10	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	open	40	7	<input checked="" type="checkbox"/>	3	\$599	B/G
U-10	8/11 09	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	open	50	7	<input checked="" type="checkbox"/>	3	\$599	U
U-11	8/11 08	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	open	50	9	<input checked="" type="checkbox"/>	3	\$659	V1
U-12	8/11 07	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	9	<input checked="" type="checkbox"/>	3	\$659	U
U-13	8/11 06	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	11	<input checked="" type="checkbox"/>	3	\$699	V
U-14	8/11 05	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	11	<input checked="" type="checkbox"/>	3	\$699	U
U-15	8/11 04	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	U
U-16	8/11 03	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	V
U-17	8/11 02	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	V
U-18	8/11 01/00	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	W

*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 Other US Soccer Members as listed: _____
 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 5-11-19

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 2/11/2019

By

Cindy Quan

Title President

