

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Memorial Super Cup

Name of Tournament or Games Memorial Super Cup Website URL: www.stspecialists.com

Hosting Organization Southbay Mat. Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Marco Bellon Title President Phone 619-849-0260 W

Address 757 Emory Street PMB 500 Email anthonymillican@sbcglobal.net Phone () _____ H

City Imperial Beach State CA Zip Code 91931 Phone () _____ FAX

State Association or Affiliate Cal South Guest Referees Applications Accepted Yes No

Location of Tournament or Games Town Center/Southbay/Serra High/TBD TEAM ENTRY DEADLINE: 4/1/2019

Date(s) of Tournament or Games May 25-26, 2019 Estimated # of Teams 150

Tournament or Games Director or Contact Person Anthony Farace Phone (619-250-7962 W

Address 10502 Mission Gorge Road #120 Email anthony@stspecialists.com Phone () _____ H

City Santee State CA Zip Code 92071 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	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	open	40	7	<input checked="" type="checkbox"/>	3	\$599	<input checked="" type="checkbox"/>
U-10	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	open	50	7	<input checked="" type="checkbox"/>	3	\$599	<input checked="" type="checkbox"/>
U-11	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	open	50	9	<input checked="" type="checkbox"/>	3	\$659	<input checked="" type="checkbox"/>
U-12	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	9	<input checked="" type="checkbox"/>	3	\$659	<input checked="" type="checkbox"/>
U-13	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" type="checkbox"/>
U-14	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	50	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" type="checkbox"/>
U-15	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" type="checkbox"/>
U-16	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" type="checkbox"/>
U-17	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" type="checkbox"/>
U-18	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	11	<input checked="" type="checkbox"/>	3	\$699	<input checked="" 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 Other US Soccer Members as listed: _____
- 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 MARCO BELLON Date 1-26-19

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Cal South Date 2/11/2019

By Cindy Quan Title President

