

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

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

Hosting Organization Termecla Hawks Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Kelly Collins Title President Phone 619-250-7952 W

Address P.O. Box 893242 Email kilycol@roadrunner.com Phone () _____ H

City Termecla State CA Zip Code 92589 Phone () _____ FAX

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

Location of Tournament or Games Galway Downs TEAMS ENTRY DEADLINE: 7/20/2019

Date(s) of Tournament or Games August 17-18, 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

U	Age Group Accepted	Type(s) of Team Accepted *	B X	G X	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-9	11	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	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	09	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	08	S1, S2, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	open	60	9	<input checked="" type="checkbox"/>	3	\$659	<input checked="" type="checkbox"/>
U-13	07	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	06	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	05	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	04	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	03	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	02/0	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 Association/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 1-28-2019

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date

3/1/2019

By

Title

President

