



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 South Bay Shoot Out Website URL: http://sbso.us/
 Hosting Organization South Bay Soccer Assoc Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rachel FernFlores Title President Phone 805 903-2827W
 Address P.O. Box 6432 Email FernFlores98@gmail.com Phone () _____ H
 City Los Osos State CA Zip Code 93412 Phone () _____ FAX
 State Association or Affiliate CAL SOUTH Guest Referees Applications Accepted Yes No
 Location of Tournament or Games LOS OSOS & MARCO BEACH **TEAM ENTRY DEADLINE:** Dec. 1, 2018
 Date(s) of Tournament or Games Dec 8 & 9 2018 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Rachel FernFlores Phone 805 903-2827W
 Address P.O. Box 6432 Email FernFlores98@gmail.com Phone () _____ H
 City Los Osos State CA Zip Code 93412 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-10 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	0	2x25min	7v7	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-12 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x30min	9v9	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-14 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x35min	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<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**
 - International
 - Teams as listed: _____
- Other US Soccer Members 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 Sept. 17, 2018

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 9/26/2018

By

Title

President

