



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 Soccer Shootout Website URL: http://1565a.us/
 Hosting Organization South Bay Soccer Assoc. Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rachel Fern Flores Title President Phone 805 903-2827
 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 & Morro Bay TEAM ENTRY DEADLINE: Dec. 1, 2017
 Date(s) of Tournament or Games Dec. 9/10, 2017 Estimated # of Teams 34
 Tournament or Games Director or Contact Person Rachel Fern Flores Phone 805 9032827 W
 Address P.O. Box 6432 Email FernFlores98@gmail.com Phone () _____ H
 City Los Osos State CA Zip Code 93412 com 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	8/1/ RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	0	2x25min	7v7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-12	8/1/ RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x30min	9v9	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U-14	8/1/ RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x35min	11v11	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<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 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

[Handwritten Signature]

Date July 7, 2017

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 10/26/2017

By

[Handwritten Signature]

Title

President

