



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 Shoot Out Website URL: http://sbssa.us/
 Hosting Organization South Bay Soccer Assoc. Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Stuart Fryer Title President Phone () _____ W
 Address P.O. Box 6432 Email _____ 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 2, 2016
 Date(s) of Tournament or Games Dec 10 & 11, 2016 Estimated # of Teams 34
 Tournament or Games Director or Contact Person Rachel Fern Flores 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

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	2x25 min	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	2x30 min	11v11	<input checked="" type="checkbox"/>	3	\$495	<input type="checkbox"/>
U-14 8/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x35 min	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.

TOURNAMENT UNRESTRICTED

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 _____

Date Sept 9, 2016

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 10/13/2016

By _____

Debra W. Ramirez

Title President

