



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 2018 Florida Winter Cup Website URL: www.floridawintercup.com

Hosting Organization Bayside Dynamo Type of Tournament Select Recreational Select & Rec

Designate Official of Hosting Organization Rob Abbott Title President Phone (804) 833-2092 W

Address PO Box 363 Email steve@smcsoccer.com Phone () _____ H

City Gulf Breeze State FL Zip Code 32562 Phone () _____ FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Ormond Beach Sports Complex **TEAM ENTRY DEADLINE:** November 1, 2018

Date(s) of Tournament or Games December 1-2, 2018 Estimated # of Teams 125

Tournament or Games Director or Contact Person Steve Lovgren Phone (804) 833-2092 W

Address _____ Email steve@smcsoccer.com Phone () _____ H

City _____ State _____ Zip Code _____ 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 2010	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 10 2009	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 11 2008	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	590	<input type="checkbox"/>
U- 12 2007	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	590	<input type="checkbox"/>
U- 13 2006	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	665	<input type="checkbox"/>
U- 14 2005	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	665	<input type="checkbox"/>
U- 15 2004	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	665	<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 (Open to all Federation affiliated participants)
- 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



APPROVED

[Signature] Date 12/15/17

[Signature] Date 12/11/17 Title Executive Director