

Please Type or Print Clearly - Do Not Staple

Affiliated with the Federation International de Football Association

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Angleton Halloween Shootout Watsalu 11/11 angletonssc.org
 Hosting Organization Angleton Soccer Club Type of Tournament: Baker International Other
 Designate Official of Hosting Organization Michael Damian Title President ASC Phone (409) 299-9491 #
 Address P.O. Box 1253 Email tournament@angletonssc.org Phone (409) 299-9491 #
 City Angleton State Tx Zip Code 77516 Phone () _____ FAX _____
 State Association or Affiliate South Texas Youth Soccer Assoc. Guest Performer Applications Accepted Yes No
 Location of Tournament or Games Angleton Soccer Complex TEAM ENTRY DEADLINE: September 21st, 2018
 Date(s) of Tournament or Games October 6-7, 2018 Estimated # of Teams 175
 Tournament or Games Director or Contact Person Ross Melancon Phone (409) 319-0995 #
 Address P.O. Box 1253 Email tournament@angletonssc.org Phone () _____ FAX _____
 City Angleton State Tx Zip Code 77516 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	Excess
U-6 8/1/1	REC Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	5	4x10	4v4	<input checked="" type="checkbox"/>	3	\$100	<input type="checkbox"/>
U-8 8/1/1	REC-Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	5	4x15	4v4	<input checked="" type="checkbox"/>	3	\$150	<input type="checkbox"/>
U-10 8/1/1	REC-ACADEMY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7v7	<input checked="" type="checkbox"/>	3	\$300	<input type="checkbox"/>
U-11 8/1/1	REC-Comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9v9	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-12 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9v9	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U-13 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2x35	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-14 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2x35	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-15 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2x40	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-16 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11v11	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U-18 8/1/1	REC-comp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x45	11v11	<input checked="" type="checkbox"/>	3	\$500	<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: _____

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

[Signature]

Date 27 AUG 2018

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

South Texas Youth Soccer Assoc

Date 9.17.18

By

[Signature]

Title Exec Director