



# WINTER CLASSIC



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 CLASSICS ELITE WINTER CLASSIC Website URL: www.classicselite.us

Hosting Organization CLASSICS ELITE Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization WALTER RULE Title TOURNAMENT DIRECTOR Phone 2(10) 843-2575 W

Address 1000 E BITTEN RD Email walter.rule@classicselite.com Phone ( ) \_\_\_\_\_ H

City SAN ANTONIO State TX Zip Code 78216 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate STYSA Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games CE Blossom CEMEMORIAL TEAM ENTRY DEADLINE: NOVEMBER 20, 2018

Date(s) of Tournament or Games DECEMBER 1 & 2, 2018 Estimated # of Teams 100

Tournament or Games Director or Contact Person WALTER RULE Phone 2(10) 843-2575 W

Address 1000 E BITTEN RD Email walter.rule@classicselite.com Phone ( ) \_\_\_\_\_ H

City SAN ANTONIO State TX Zip Code 78216 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-	7	8/11	12	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	4	40	4	<input type="checkbox"/>	3	<del>300</del> 300	<input type="checkbox"/>
U-	8	8/11	11	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	4	40	4	<input type="checkbox"/>	3	<del>300</del> 300	<input type="checkbox"/>
U-	9	8/11	10	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	50	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U-	10	8/11	9	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	50	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U-	11	8/11	8	RT SI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-	12	8/11	7	RT SI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U-	13	8/11	6	RT SI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	14	8/11	5	RT SI-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	15	8/11	4	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	70	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U-		8/11			<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: \_\_\_\_\_
- 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 2/21/18

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature]

Date 4/4/18

Title AAYSA VP

South Texas Youth Soccer Assoc 1/20-18

[Signature]

Exec Director