



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 Gateway Classic Website URL: www.drippingspringsoccer.com
 Hosting Organization DSYSA-Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Alan Barrington Title President Phone (512-422-9810) W
 Address PO Box 1588 Email soccerpresident@dsysa.org Phone () _____ H
 City Dripping Springs State TX Zip Code 78620 Phone () _____ FAX
 State Association or Affiliate STYSA - CAYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Dripping Springs Sports Park TEAM ENTRY DEADLINE: May 1st
 Date(s) of Tournament or Games May 18th-19th-20th Estimated # of Teams unknown
 Tournament or Games Director or Contact Person John Clee-Charlton Phone (361-318-6088) W
 Address PO Box 1588 Email directorofsoccer@dsysa.org Phone () _____ H
 City Dripping Springs State TX Zip Code 78620 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-	8	8/11	17 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	5	4x8 32	4	<input type="checkbox"/>	3	325	<input type="checkbox"/>
U-	9	8/11	17 RT,ACAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x20 40	7	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U-	10	8/11	17 RT,ACAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x20 40	7	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U-	11	8/11	17 RT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x 25 50	9	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-	12	8/11	17 RT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x25 50	9	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-		8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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: USCS, AYSO
- 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 3/6/18

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE South Texas Youth Soccer Assoc Date 3.8.18
 By [Signature] Title Exec Director

