



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 WURST FALL CUP Website URL: www.nyouthsoccer.com
 Hosting Organization NEW BRAUNFELS YOUTH SOCCER ASSN Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization JOHN PAUL MEDINA Title PRESIDENT Phone 830 237-4925 W
 Address 2145 SUNGATE DR Email coachjmedina@yahoo.com Phone () _____ H
 City NEW BRAUNFELS State TX Zip Code 78130 Phone () _____ FAX
 State Association or Affiliate STYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games NEW BRAUNFELS HER FIELDS TEAM ENTRY DEADLINE: 10/27/17
 Date(s) of Tournament or Games 11/11/17 & 11/12/17 Estimated # of Teams 100
 Tournament or Games Director or Contact Person TYLER DORSEY Phone 512 587-0580 W
 Address 2514 SHERMER PL Email tdnation@gmail.com Phone () _____ H
 City NEW BRAUNFELS State TX Zip Code 78132 Phone () _____ FAX

Age Groups Accepted	Typé(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-6 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	30	4v4	<input checked="" type="checkbox"/>	3	160	<input type="checkbox"/>
U-7 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	40	4v4	<input type="checkbox"/>	3	160	<input type="checkbox"/>
U-8 8/1/	REL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	40	4v4	<input type="checkbox"/>	3	160	<input type="checkbox"/>
U-9 8/1/	REL/ACADMY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	50	7v7	<input type="checkbox"/>	3	240	<input type="checkbox"/>
U-10 8/1/	REL/ACADMY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	50	7v7	<input type="checkbox"/>	3	240	<input type="checkbox"/>
U-11 8/1/	REL/SEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	60	9v9	<input type="checkbox"/>	3	280	<input type="checkbox"/>
U-12 8/1/	REL/SEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	60	9v9	<input checked="" type="checkbox"/>	3	280	<input type="checkbox"/>
U-5 8/1/	REC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	30	4v4	<input checked="" type="checkbox"/>	3	160	<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.
- 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

(JOHN MEDINA, PRES)
EXEC VP

7/21/17

Date 7/26/17

APPROVAL

AAUSA

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

South Texas Youth Soccer Association Date 9.6.17

By

[Signature]

Title

Exec Director