



A Proud Member of US Soccer
 Affiliated with the Federation International de Football Association



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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 2012 International Easter Tournament Website URL: www.clearwatersoccertournaments.com
 Hosting Organization Clearwater Soccer Club (C2-CSC) Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rob O'Nan Title President Phone (727) 644-3400 W
 Address 6923 Spanish Moss Cir Email chargertournamentdirector@gmail.com Phone (727) 230-3127 H
 City Tampa State FL Zip Code 33625 Phone () _____ FAX
 State Association or Affiliate Florida Youth Soccer Assoc (FYSA) Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Greater Sarasota/Lakewood Ranch area **TEAM ENTRY DEADLINE:** 4/06/12
 Date(s) of Tournament or Games 4/6/12 - 4/8/12 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Brian Shriver Phone () _____ W
 Address 1436 Seabreeze Email chargertournamentdirector@gmail.com Phone (727) 644-3400 H
 City Clearwater State FL Zip Code _____ Phone () 641-7930 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-	19/19	8/1/	92	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 *	5	2 x 45	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	17	8/1/	94	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 *	5	2 x 45	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	16	8/1/	95	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 *	5	2 x 40	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	15	8/1/	96	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 *	5	2 x 40	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	14	8/1/	97	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 *	5	2 x 35	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	13	8/1/	98	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 35	11	<input checked="" type="checkbox"/>	3	\$ 500	<input type="checkbox"/>
U-	12	8/1/	99	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2 x 30	8	<input checked="" type="checkbox"/>	3	\$ 450	<input type="checkbox"/>
U-	11	8/1/	00	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	2 x 30	8	<input checked="" type="checkbox"/>	3	\$ 450	<input type="checkbox"/>
U-	10	8/1/	01	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2 x 25	6	<input checked="" type="checkbox"/>	3	\$ 375	<input type="checkbox"/>
U-	09	8/1/	02	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2 x 25	6	<input checked="" type="checkbox"/>	3	\$ 375	<input type="checkbox"/>

*U14-U19 teams may roster 22, but must name no more than 18 for each game.

ALL TEAMS NEEDING HOTELS ARE REQUIRED TO BOOK THRU THE TOURNAMENT HOTEL PROVIDERS

- 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: All-including but not limited to: USYS, US Club, Super Y, AYSO, SAY
- International Teams as listed: For those that apply, we will notify the Federation for appropriate invitation, and confirmation from foreign Federation

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 Rahit K. O'Neil

Date 12/11/11

APPROVED
 STATE ASSOCIATION OR AFFILIATE

[Signature]
 FYSA

Date 1/10/12

By _____ Title DOC

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