

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games EUROPEAN SOCCER CUP Website URL: WWW.Figoprogram.com
 Hosting Organization Chargers Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rob O'Nan Title Tournament Director Phone (727) 230-3127 W
 Address 6923 Spanish Moss Circle Email RKOTAMPA@AOL.COM Phone () _____ H
 City Tampa State Florida Zip Code 33625 Phone () _____ FAX
 State Association or Affiliate FLORIDA YOUTH SOCCER ASSOCIATION Guest Referees Applications Accepted Yes No
 Location of Tournament or Games PREMIER SPORTS CAMPUS **TEAM ENTRY DEADLINE: October 15, 2016**
 Date(s) of Tournament or Games November 11, 12, 13 2016 Estimated # of Teams 400
 Tournament or Games Director or Contact Person Brian Shriver Phone (727) 641-7920 W
 Address _____ Email chargertournamentdirector@gmail.com Phone () _____ H
 City _____ State _____ Zip Code _____ 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-9	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	650.00	<input type="checkbox"/>
U-10	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	650.00	<input type="checkbox"/>
U-11	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	850.00	<input type="checkbox"/>
U-12	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	850.00	<input type="checkbox"/>
U-13	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	1200.00	<input type="checkbox"/>
U-14	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	1200.00	<input type="checkbox"/>
U-15	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1200.00	<input type="checkbox"/>
U-16	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1400.00	<input type="checkbox"/>
U-17	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	90	11	<input checked="" type="checkbox"/>	3	1400.00	<input type="checkbox"/>
U-18	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	90	11	<input checked="" type="checkbox"/>	3	1400.00	<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

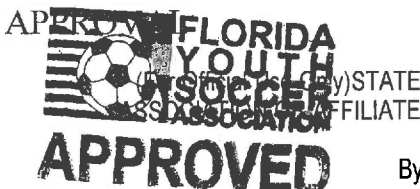
- RT RESTRICTED TOURNAMENT –Open only to members of US Youth Soccer and its State Associations.
 Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT (Open to all Federation affiliated participants) – ALL USSF AFFILIATES
 International Teams as listed: TBD – will advise

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

Robert K. O'Nan

Date Aug 1, 2016



By *[Signature]*
 Title Executive Director

Date 8/7/16
 Title Executive Director