



US Youth Soccer
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 Georgia FC Presidents Soccer Classic Website URL: www.georgiafc.com
 Hosting Organization Georgia FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Ken Flynn Title President Phone (678) 5483004 W
 Address 2625 Amberbrook Lane Email Kenflynnsoccer@comcast.com Phone (770) 6873103 H
 City Lawrenceville State Ga Zip Code 30043 Phone (770) 2633731 FAX
 State Association or Affiliate GUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Metro Atlanta **TEAM ENTRY DEADLINE:** February 1st 2008
 Date(s) of Tournament or Games Feb 16 + 17, 2007 Estimated # of Teams 80
 Tournament or Games Director or Contact Person Lloyd White Phone (678) 6141854 W
 Address 1160 Gracehadaway Lane Email lloydgftournaments@Yahoo.com Phone () H
 City Lawrenceville State GA Zip Code 30043 Phone (678) 5801543 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- 10 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x30	4	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 11 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	5	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 12 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x30	5	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 13 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 14 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x35	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 15 8/1/	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x40	7	<input checked="" type="checkbox"/>	3	400	<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"/>
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** – US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: USYSA & US CLUB SOCCER
- Foreign 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 *Ken Flynn* Date 11/1/07

APPROVAL

(For Official Use Only)

Georgia State Soccer Association
2323 Perimeter Park Dr. N.E.
Atlanta, GA 30341

STATE ASSOCIATION OR AFFILIATE _____ Date 11/15/07
 By *C R Potts* Title _____

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for