



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Coast Spring Classic Website URL: coastfa.com
 Hosting Organization Coast FA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Joel Banta Title DOC Phone 843 458 2558 W
 Address PO Box 625 Email joelbanta@aol.com Phone () _____ H
 City Paulys Island State SC Zip Code 29585 Phone () _____ FA:
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games _____ TEAM ENTRY DEADLINE: 4-12-2012
 Date(s) of Tournament or Games _____ Estimated # of Teams 200
 Tournament or Games Director or Contact Person Joel Banta Phone () _____ W
 Address _____ Email _____ Phone () _____ H
 City _____ State _____ Zip Code _____ Phone () _____ FA:

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 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	unlimited	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 9 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 10 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 11 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		60	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 12 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		60	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 12 8/11	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		70	11	<input checked="" type="checkbox"/>	3	495	<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: _____
 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

Date 8-30-11

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By S.C. Youth Soccer Date 11/14/11
Robert D. Nicholl Title Cups and Games Director

Revised 11-14-2011