



Please Type or Print Clearly - Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Coast Winter 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 8(43) 458-2558 W  
 Address PO Box 1922 Email joelbanta@aol.com Phone ( ) \_\_\_\_\_ H  
 City Pawleys Island State SC Zip Code 29585 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate SCYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Myrtle Beach, SC **TEAM ENTRY DEADLINE:** 1-25-2012  
 Date(s) of Tournament or Games Feb. 11-12 2012 Estimated # of Teams 50  
 Tournament or Games Director or Contact Person Joel Banta Phone ( ) sane W  
 Address Same as above Email \_\_\_\_\_ 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- 13 8/1	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 14 8/1	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	495	<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"/>
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 -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: US Club Soccer  
 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

**Coast Winter Classic**  
 Approved Date 5/31/2011

#### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

S.C. Youth Soccer

Date 6/7/2011

By Joel Banta

Title Executive Director

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### 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 (43) 458-2558 W  
 Address PO Box 1922 Email joelbanta@aol.com Phone ( ) \_\_\_\_\_ H  
 City Pawleys Island State SC Zip Code 29585 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate SCYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Myrtle Beach, SC **TEAM ENTRY DEADLINE:** 4-12-2012  
 Date(s) of Tournament or Games April 28-29, 2012 Estimated # of Teams 200  
 Tournament or Games Director or Contact Person Joel Banta Phone ( ) same W  
 Address Same as above Email \_\_\_\_\_ 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-8 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-9 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-10 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U-11 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-12 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-12 8/1/	51, 52, 53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	495	<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.

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 **UT UNRESTRICTED TOURNAMENT**  Other US Soccer Members as listed: US Club Soccer  
 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

**South Carolina Youth Soccer**  
 Approved Date 5/31/2011

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

SC Youth Soccer

Date 6/7/2011

By Joel Banta

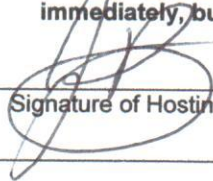
Title Executive Director

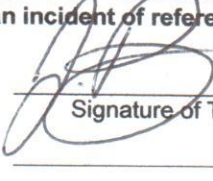
- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- indicate what procedures will be followed regarding protests and appeals;
- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
- state that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

**TOURNAMENT CANCELLATION:** We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

**POST TOURNAMENT OR GAMES REPORT:** We agree that we shall file any required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse..**

  
 Signature of Hosting Organization Designated Official  
 Date 5/31/2011

  
 Signature of Tournament or Games Director  
 Date 5/31/2011

Hosting Organization Coast FA Phone <sup>443</sup> ( ) 458-2558 W  
 Address 551 Mount Gilead Rd Email joelbarta@aol.com Phone ( ) \_\_\_\_\_ H  
 City Murrells Inlet State SC Zip 29576 Phone ( ) \_\_\_\_\_ Fax

Tournament or Games Headquarters Socastee Park Phone ( ) SAME W  
 Address 7485 Butler Rd Email joelbarta@aol.com Phone ( ) \_\_\_\_\_ H  
 City Myrtle Beach State SC Zip 29588 Phone ( ) \_\_\_\_\_ Fax