



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 CE Winter Cup Website URL: www.classicseelite.us
 Hosting Organization Classics Elite Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec
 Designate Official of Hosting Organization LUPE MERZGER Title D.O. D Phone 210 402 7511 W
 Address 1100 E. Bitters Rd Email Registration@classicselite.com Phone () H
 City San Antonio State TX Zip Code 78212 Phone () FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☒ Yes ☐ No
 Location of Tournament or Games CE Blossom TEAM ENTRY DEADLINE: 10/18/19
 Date(s) of Tournament or Games 12/7 - 12/8/19 Estimated # of Teams 60
 Tournament or Games Director or Contact Person LUPE MERZGER above Phone () W
 Address _____ 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-9 8/1/	7v7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	25	7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-10 8/1/	7v7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	25	7	<input checked="" type="checkbox"/>	3	460	<input type="checkbox"/>
U-11 8/1/	9v9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	30	9	<input checked="" type="checkbox"/>	3	580	<input type="checkbox"/>
U-12 8/1/	9v9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	30	9	<input checked="" type="checkbox"/>	3	580	<input type="checkbox"/>
U-13 8/1/	11v11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	35	11	<input checked="" type="checkbox"/>	3	650	<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: _____

☐ 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 8/10/2019

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

South Texas Youth Soccer Assoc

Date 9.30.19

By

[Signature]

Title

Executive Director