



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 ALBION SC DEVELOPMENT SHOWCASE WWW.ASCDEVELOPMENTSHOWCASE.COM

Hosting Organization ALBION SC Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization WAYNE CROWE Title Tournament Director Phone 619 454 1087 W

Address 1804 GARNET AVE #495 Email WCROWE@ALBIONSOCCKER.COM Phone () _____ H

City SAN DIEGO State CA Zip Code 92109 Phone 858 200 7992 FAX _____

State Association or Affiliate Cal South (CUSA) Guest Referees Applications Accepted Yes No

Location of Tournament or Games Oceanside **TEAM ENTRY DEADLINE:** December 1 2016

Date(s) of Tournament or Games January 9th & 10th 2016 Estimated # of Teams 220

Tournament or Games Director or Contact Person WAYNE CROWE Phone () _____ W

Address 1804 GARNET AVE #495 Email WCROWE@ALBIONSOCCER.COM Phone () _____ H

City SAN DIEGO State CA Zip Code 92109 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/ 07		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 9 8/1/ 06		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 10 8/1/ 05		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 11 8/1/ 04		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	60	11	<input checked="" type="checkbox"/>	3	\$875	<input type="checkbox"/>
U- 12 8/1/ 03		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	60	11	<input checked="" type="checkbox"/>	3	\$875	<input type="checkbox"/>
U- 13 8/1/ 02		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	60	11	<input checked="" type="checkbox"/>	3	\$875	<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: _____
- 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

[Handwritten Signature]

Date 4-15-15



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 8/27/15

By *[Handwritten Signature]*

Title President