



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 Coronado Crown City Classic Website URL: www.crowncityclassic.com
 Hosting Organization Coronado Youth Soccer League Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Tom Ahern Title _____ Phone () _____ W
 Address PO Box 80267 Email _____ Phone () _____ H
 City Coronado State CA Zip Code 92178 Phone () _____ FAX
 State Association or Affiliate CYSA - S Guest Referee Applications Accepted Yes No
 Location of Tournament or Games Coronado **TEAM ENTRY DEADLINE:**
 Date(s) of Tournament or Games August 2-3 + 9-10, 2008 Estimated # of Teams 25+
 Tournament or Games Director or Contact Person Rich Williams Phone () _____ W
 Address 9606 Aca Drive Email _____ Phone () _____ H
 City San Diego State CA Zip Code 92123 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	Board
U-14 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50		Dist <input checked="" type="checkbox"/> End <input type="checkbox"/>	3		<input type="checkbox"/>
U-10 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-11 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	60		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-12 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	60		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-13 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	60		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-14 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	60		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-15 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	70		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-16 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	70		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-17 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	70		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U-18/19 8/1	All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	70		<input checked="" type="checkbox"/>	3		<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: CYSA - N, AYSA, NYSA, NYSD
 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: [Signature] Date: 10/17/07

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date 11/3/07
 By [Signature] Title Tournament Committee

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall transportation, lodging, or injury to persons or property sustained in the course of the approved event.

