



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 CORNADO CROWN CITY CLASSIC Website URL: WWW.STSPECIALISTS.COM
 Hosting Organization CYSL Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization DAVE ODEN Title PRESIDENT Phone 858 449-4800 W
 Address PO BOX 180207 Email president@nadosoccer.com Phone () _____ H
 City CORNADO State CA Zip Code _____ Phone () _____ FAX
 State Association or Affiliate CAL SOUTH Guest Referee Applications Accepted Yes No
 Location of Tournament or Games CORNADO ISLAND TEAM ENTRY DEADLINE: JUNE 25 + JULY 1, 2020
 Date(s) of Tournament or Games JULY 25-26, 2020 + AUG 1-2, 2020 Estimated # of Teams 150
 Tournament or Games Director or Contact Person ANTHONY FARACE Phone () 619-250-7962 W
 Address 10502 MISSION GORGE ROAD #120 Email anthony@stspecialists.com Phone () _____ H
 City SANTEE State CA Zip Code 92071 Phone () _____ FAX

Age Group Accepted	Type(s) of Team Accepted*	B	G	Field Size	# Guest Players Allowed	Length of Game	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U 9	SV, UT, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	1	50	7	<input checked="" type="checkbox"/>	4	\$650	<input type="checkbox"/>
U 10	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	1	50	7	<input checked="" type="checkbox"/>	4	\$650	<input type="checkbox"/>
U 11	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	1	50	9	<input checked="" type="checkbox"/>	4	\$750	<input type="checkbox"/>
U 12	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	1	50	9	<input checked="" type="checkbox"/>	11	\$750	<input type="checkbox"/>
U 13	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	50	11	<input checked="" type="checkbox"/>	11	\$850	<input type="checkbox"/>
U 14	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	50	11	<input checked="" type="checkbox"/>	11	\$850	<input type="checkbox"/>
U 15	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	60	11	<input checked="" type="checkbox"/>	4	\$850	<input type="checkbox"/>
U 16	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	60	11	<input checked="" type="checkbox"/>	11	\$850	<input type="checkbox"/>
U 17	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	60	11	<input checked="" type="checkbox"/>	11	\$850	<input type="checkbox"/>
U-18/19	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	1	60	11	<input checked="" type="checkbox"/>	11	\$850	<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: _____

Tournament International

Tournament 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 12/24/19

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 12/24/2019

By

Title

President

