



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 5TH ANNUAL AODAS FALL KICK-OFF Website URL: www.worldwidesoccersa.com
 Hosting Organization SA UNITED SOCCER CLUB Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec
 Designate Official of Hosting Organization RHONDA SAYRE Title REGISTRAR Phone 219 599 4622
 Address P.O. Box 340058 Email fallkickofftournament@saunited.com Phone () - H
 City AUSTIN State TX Zip Code 78734 Phone () 9 mail.com FAX
 State Association or Affiliate STYSA/AAUSA Guest Referees Applications Accepted ☐ Yes ☒ No
 Location of Tournament or Games GVTC / SPEECH RO. FIELDS TEAM ENTRY DEADLINE: 8/12/20
 Date(s) of Tournament or Games 8/22 & 23, 2020 Estimated # of Teams 125
 Tournament or Games Director or Contact Person RHONDA SAYRE Phone 219 599 4622
 Address P.O. Box 340058 Email rhonda.s@titans Phone () - H
 City AUSTIN State TX Zip Code 78734 Phone () 0.90m 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- 7 8/11 14	Rec/Acad.	<input type="checkbox"/>	<input type="checkbox"/>	8	4	15/20	4	<input type="checkbox"/>	3	230	<input type="checkbox"/>
U- 8 8/11 13	"	<input type="checkbox"/>	<input type="checkbox"/>	8	4	15/20	4	<input type="checkbox"/>	3	230	<input type="checkbox"/>
U- 9 8/11 12	"	<input type="checkbox"/>	<input type="checkbox"/>	14	4	20/25	7	<input type="checkbox"/>	3	450	<input type="checkbox"/>
U- 10 8/11 11	"	<input type="checkbox"/>	<input type="checkbox"/>	14	4	20/25	7	<input type="checkbox"/>	3	450	<input type="checkbox"/>
U- 11 8/11 10	Rec/Comp	<input type="checkbox"/>	<input type="checkbox"/>	16	5	25/30	9	<input type="checkbox"/>	3	525	<input type="checkbox"/>
U- 12 8/11 09	"	<input type="checkbox"/>	<input type="checkbox"/>	16	5	25/30	9	<input type="checkbox"/>	3	525	<input type="checkbox"/>
U- 13 8/11 08	"	<input type="checkbox"/>	<input type="checkbox"/>	18	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>
U- 14 8/11 07	"	<input type="checkbox"/>	<input type="checkbox"/>	18	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>
U- 15 8/11 06	"	<input type="checkbox"/>	<input type="checkbox"/>	22	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>
U- 16 8/11 05	"	<input type="checkbox"/>	<input type="checkbox"/>	22	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>
U- 17 8/11 04	"	<input type="checkbox"/>	<input type="checkbox"/>	22	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>
U- 18 8/11 03-02	"	<input type="checkbox"/>	<input type="checkbox"/>	22	5	30/35	11	<input type="checkbox"/>	3	610	<input type="checkbox"/>

☐ 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: SAY, AYSO, US CLUB

☐ 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

JAMES HOPE, AAUSA UP

Date

4/30/20

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

South Texas Youth Soccer Assoc

Date

5-18-20

By

[Signature]

Title

Exec Director