



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

2010



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: 2nd Annual Spring kick off Website URL: Sauvited Soccer.com
 Hosting Organization: AAISA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization: _____ Title: _____ Phone () _____ W
 Address: _____ Email: _____ Phone () _____ H
 City: _____ State: _____ Zip Code: _____ Phone () _____ FAX
 State Association or Affiliate: STYSA, AAISA, NETSO Guest Referees Applications Accepted Yes No
 Location of Tournament or Games: Specht RD, San Antonio TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games: Feb 6th and Feb 7th 2010 Estimated # of Teams: _____
 Tournament or Games Director or Contact Person: Gary Beadle Phone 210 310 5184 W
 Address: 342 Northridge Email: gbeadle10@gmail.com Phone () _____ H
 City: San Antonio State: TX Zip Code: 78209 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- 5 8/1/	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	4	20	4	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U- 6 8/1/	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	4	20	4	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U- 7 8/1/	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	4	20	6	<input checked="" type="checkbox"/>	3	250	<input type="checkbox"/>
U- 8 8/1/	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	4	20	6	<input checked="" type="checkbox"/>	3	250	<input type="checkbox"/>
U- 9 8/1/	Acad Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	4	20	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 10 8/1/	Acad Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	4	20	6	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U- 11 8/1/	Rec, D2, S2, O1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4	25	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 12 8/1/	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4	25	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 13 8/1/	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 14 8/1/	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	30	11	<input checked="" type="checkbox"/>	3	375	<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. In granting this permission to host a tournament or games, neither US Youth Soccer Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

Signature of Designated Official of Hosting Organization _____ Date _____

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____



US Youth Soccer TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to SA UNITED to hold a tournament or games at
(Hosting Organization)
San Antonio, TX on the dates of Feb 6 + Feb 7, 2010
(City) (State)

we agree to the following conditions:

1. **ABIDE BY RULES:** We shall abide by all statements made in our approved US Youth Soccer *Application to Host A Tournament or Games*, in our tournament invitation, in our tournament rules, in the US Youth Soccer *Travel and Tournament Policy* and in this US Youth Soccer *Tournament or Games Hosting Agreement*. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin.
2. **INVITATIONS:** The tournament or games approval form shall accompany all tournament or games invitations distributed us.
3. **PROCURING LIABILITY INSURANCE:** We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member, US Youth Soccer and their officers and directors as additional insureds. A copy of the certificate of insurance is attached issued by _____.
4. **REQUIRING MEDICAL AUTHORIZATIONS:** We shall require all teams participating in the tournament or games to provide medical authorizations for each player in a form adequate for use at the site of the tournament or games. These authorizations shall be presented to the Hosting Organization at registration and kept at the field available for use by the team.
5. **ADVANCE PUBLICATION OF RULES:** We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.
6. **CREDENTIALS CHECKS:** We agree that we shall conduct credentials checks (check one)—
 - a. at registration,
 - b. at the field prior to each game by a field marshal, or
 - c. at both sites,
 to ensure that all players are registered with US Youth Soccer or US Soccer, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*:
7. **USE OF US SOCCER REGISTERED REFEREES:** We agree that we shall, in accordance with US Soccer Bylaw 532, use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups: _____. There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (NOTE: Effective, September 1, 2001, ONLY US Soccer certified assignors may be used.):

Name Mike Collier Telephone (210) 241 0339 FAX () _____
 Address _____ E-mail _____
 City _____ State _____ Zip _____
8. **USE OF FIELD MARSHALS - FIELD INSPECTION:** We agree that during the tournament or games each game field will have a field marshal assigned to it at all times; that the field marshal will be readily available and identifiable; that prior to the commencement of every game the field marshal will inspect the field to be sure that it is free from objects or conditions that may cause injury. If any condition exists which cannot be immediately corrected, it shall be brought to the attention of the referee and the tournament /games director. The Director of Field Marshals is:

Name Gary Beadle Telephone (210) 310-5184 FAX () _____
 Address 342 North Ridge E-mail gbeadle10@gmail.com
 City San Antonio State TX Zip 78209
9. **USE OF SPECTATOR LINES:** We agree to take appropriate steps including, where feasible, the use of spectator lines on each field to keep the spectators off the touch line.

10. **PROVISION OF ADEQUATE TOURNAMENT COMMUNICATION:** We agree to provide adequate communication by means of Email between the game fields and the tournament/games headquarters. The Tournament Communications Director is:
 Name Gary Beadle Telephone (210) 310 5184 FAX ()
 Address 342 North Ridge E-mail gbeadle10@gmail.com
 City San Antonio State TX Zip 78209

11. **AVAILABILITY OF POLICE AND RESCUE SERVICE:** We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed.

12. **TOURNAMENT OR GAME RULES - BEHAVIOR:** We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that—
 a. spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
 b. indicate what procedures will be followed regarding protests and appeals;
 c. indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
 d. record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
 e. state that the home State Association or Affiliate and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

13. **TOURNAMENT CANCELLATION:** We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

14. **POST TOURNAMENT OR GAMES REPORT:** We agree that we shall file a Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report shall preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:
 a. the number of teams participating in each age group (boys and girls);
 b. if a champion is determined, the name of the champion for each group;
 c. the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
 d. if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
 e. the number of fields used for the tournament/games;
 f. the name of the sponsor, if any; and
 g. the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsportsmanlike conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official, or other incidents of a serious nature, must be reported to the alleged offender's club or league and home State Association, Affiliate, or other Organization Member immediately, but in no event later than 48 hours after an incident of referee assault or abuse.**

Signature of Hosting Organization President or Chief Officer _____
 Date _____

Signature of Tournament or Games Director _____
 Date _____

Hosting Organization _____ Telephone () _____
 Address _____ Fax () _____ E-mail _____
 City _____ State _____ Zip _____

Tournament or Games Headquarters _____ Telephone () _____
 Address _____ Fax () _____ E-mail _____
 City _____ State _____ Zip _____

TOURNAMENT LISTING INFORMATION

When tournaments are approved by the STYSA State Office, they are added to the tournament listing on the website and in the newsletter. In order that the appropriate information is listed for your event, please complete this Listing Information Form and include it with your Application to Host documents.

Tournament Dates	FEB 6th + 7th 2010
Tournament Name	2nd Annual Spring kick off
Tournament Site	Specht Rd or North WCYSO
Contact Person	Gary Beadle
Telephone Number	210 310 5184
Email Address	GBEADLE10@GMAIL.COM
Website	saunitedsoccer.com
Ages Accepted	U5-U14 BOYS + GIRLS.
Fees	\$200 U5-U6 / \$250 U7-U8 / \$350 U9-U10 / \$375 U11-U14.

LISTING EXAMPLE:

Date: 08/26/2000 through 08/27/2000
 Name: SAYSA FIRE UP 5v5
 Site: Slaughter Creek Park - Austin
 Contact: Pete Adams
 Telephone: (512) 280-0000
 Email: example@aol.com
 Website: www.tournament.com
 Ages: U6-U19 boys/girls recreational; U11-U19 boys/girls competitive
 Fees: \$100 - U6/U8; \$110 U9-U19