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US Youth Soccer
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Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Augusta Arsenal Spring Shootout Website URL: www.arsenalspringshootout.com

Hosting Organization Augusta Arsenal Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Tom Norton Title Tournament Chairman Phone (706) -8540149 W

Address 3824 Maddox Rd. Email tnorton@augustasoccer.com Phone (706) -3994557 H

City Augusta State Ga Zip Code 30909 Phone () _____ FAX

State Association or Affiliate Georgia Youth Soccer Association Guest Referees Applications Accepted Yes No

Location of Tournament or Games Augusta Sports Park **TEAM ENTRY DEADLINE:** Jan. 24, 2009

Date(s) of Tournament or Games Feb. 14-15, 2009 Estimated # of Teams 100-125

Tournament or Games Director or Contact Person Jay Wingo Phone (864) -2448627 W

Address PO Box 548 Email nearpost@bellsouth.net Phone (478) -7198464 H

City Greer State SC Zip Code 29651 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- 9 8/1/ 99	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	60	6	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 10 8/1/ 98	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	60	6	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 11 8/1/ 97	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 12 8/1/ 96	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U- 13 8/1/ 95	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 14 8/1/ 94	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	425	<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 - 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: US Club Soccer

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 *Jay Wingo* Date July 15, 2008

APPROVAL
(For Official Use Only)
Georgia State Soccer Association
2323 Perimeter Park Dr. N.E.
Atlanta, GA 30341

STATE ASSOCIATION OR AFFILIATE _____ Date 9/25/08

By *C.R. Colto* Title _____

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