

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games South Bay Shootout Website URL: http://sbsa.us/

Hosting Organization South Bay Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Rachel Fernflores Title President Phone (805) 903-2827 W

Address P.O. Box 6432 Email fernflores98@gmail.com Phone () _____ H

City Los Osos State CA Zip Code 93412 Phone () _____ FAX

State Association or Affiliate Cal South Guest Referees Applications Accepted Yes No

Location of Tournament or Games Los Osos and Morro Bay TEAM ENTRY DEADLINE: Dec. 3

Date(s) of Tournament or Games Dec. 11 & 12 Estimated # of Teams 34

Tournament or Games Director or Contact Person Rachel Fernflores Phone (805) 903-2827 W

Address P.O. Box 6432 Email fernflores98@gmail.com Phone () _____ H

City Los Osos State CA Zip Code 93402 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-10 1/1/ 2012	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50 min	7	<input checked="" type="checkbox"/>	3	\$500 250	<input type="checkbox"/>
U-12 1/1/ 2010	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	50	9	<input checked="" type="checkbox"/>	3	\$500 250	<input type="checkbox"/>
U-14 1/1/ 2007	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	50 min	11	<input checked="" type="checkbox"/>	3	\$500 250	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		550	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<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.

Signature of Designated Official of Hosting Organization _____

Date Sept. 23
2021

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 9/28/2021

By _____

Title Member Admin Services

