



Please Type or Print Clearly – Do Not Staple

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games 2020 Palm Coast Classic Website URL: www.floridatournamentseries.com  
 Hosting Organization Bayside Dynamo Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Rob Abbott Title President Phone (804) 443-7207 W  
 Address PO Box 363 Email ryan@smcsoccer.com Phone ( ) \_\_\_\_\_ H  
 City Gulf Breeze State FL Zip Code 32562 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate FYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Indian Trails Sports Complex **TEAM ENTRY DEADLINE:** January 3, 2020  
 Date(s) of Tournament or Games February 1-2, 2020 Estimated # of Teams 60  
 Tournament or Games Director or Contact Person Ryan Morgan Phone (804) 443-7207 W  
 Address 5455 Belle Terre Pkwy Email ryan@smcsoccer.com Phone ( ) \_\_\_\_\_ H  
 City Palm Coast State FL Zip Code 32137 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 2011	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 10 2010	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 11 2009	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 12 2008	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 13 2007	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 14 2006	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 15 2005	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 16 2004	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 17 2003	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 18 2002	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 19 2001	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	625	<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 (Open to all Federation affiliated participants)
- 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 6/6/2019



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

**APPROVED**

By FYSA

Date 6/14/19  
 Title Executive Director