



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 2019 Homestead Cup Website URL: https://www.iepsoccer.com/Default.aspx?tabid=940001
Hosting Organization Miami Club Champions League Type of Tournament: [X] Select [ ] Recreational [ ] Select & Rec
Designate Official of Hosting Organization Mayowa Owolabi Title President Phone (703) 499-7681 W
Address 61 Tanterra Dr Email ryan@smcsoccer.com Phone ( ) H
City Stafford State VA Zip Code 22566 Phone ( ) FAX
State Association or Affiliate FYSA Guest Referees Applications Accepted [X] Yes [ ] No
Location of Tournament or Games Homestead Sports Complex TEAM ENTRY DEADLINE: October 20, 2019
Date(s) of Tournament or Games November 16-17, 2019 Estimated # of Teams 50
Tournament or Games Director or Contact Person Ryan Morgan Phone (804) 443-7207 W
Address 1601 SE 28th Ave Email ryan@smcsoccer.com Phone ( ) H
City Homestead State FL Zip Code 33035 Phone ( ) FAX

Table with 13 columns: 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. Contains 4 rows of data for U-9 to U-12 age groups.

\*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.
[X] 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

[Handwritten Signature]

Date 6/17/19



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

APPROVED

By

[Handwritten Signature]

Date

6/20/19

Title

Executive Director