



APPROVED
MAY 07 2007
BY: _____



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Savannah Select Cup - "Boys Rule" Website URL: www.cgsasoccer.org

Hosting Organization Coastal Georgia Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Gary Wright Title Tournament Director Phone (912) -6912472 W

Address P.O. Box 14457 Email cgsa@cgsasoccer.org Phone () _____ H

City Savannah State GA Zip Code 31416 Phone (912) -6911632 FAX

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

Location of Tournament or Games Chatham County Soccer Complex **TEAM ENTRY DEADLINE:** January 10, 2008

Date(s) of Tournament or Games January 26 & 27, 2008 Estimated # of Teams 80

Tournament or Games Director or Contact Person Gary Wright Phone (912) -6912472 W

Address P.O. Box 14457 Email cgsa@cgsasoccer.org Phone () _____ H

City Savannah State GA Zip Code 31416 Phone (912) -6911632 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/ 98	S1,S2,S3,S4...other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	2x30	6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 10 8/1/ 97	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	2x30	6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 11 8/1/ 96	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	2x30	8	<input checked="" type="checkbox"/>	3	440	<input type="checkbox"/>
U- 12 8/1/ 95	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	2x30	8	<input checked="" type="checkbox"/>	3	440	<input type="checkbox"/>
U- 12 8/1/ 95	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 13 8/1/ 94	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 14 8/1/ 93	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 15 8/1/ 92	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
U- 16 8/1/ 91	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	495	<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 _____

Date 4/11/07

APPROVAL
(For Official Use Only)

Georgia State Soccer Association
2323 Perimeter Park Dr. N.E.
Atlanta, GA 30341

STATE ASSOCIATION OR AFFILIATE _____

Date 5/11/07

By C R Pollo _____

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.