



A Proud Member of US Soccer  
Affiliated with the Federation International de Football Association

Please Type or Print Clearly - Do Not Staple

### 1. APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games FKK 2019 Spring Pre-Season Comp Rec Tournament Website URL: www.floridakrazekrush.com/rectournament

Hosting Organization Florida Kraze Krush Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Ed Filliben Title President Phone ( ) 407-542-4939 W

Address 50 Smith Street Email ed@allegientservices.com Phone ( ) \_\_\_\_\_ H

City Oviedo State FL Zip Code 32765 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate FYSA Guest Releases Applications Accepted  Yes  No

Location of Tournament or Games Shane Kelly Park/ Central Winds Park **TEAM ENTRY DEADLINE:** Feb 14, 2019

Date(s) of Tournament or Games Feb 22,23,24,2019 Estimated # of Teams 80

Tournament or Games Director or Contact Person George McGowan Phone ( ) 407-542-4939 W

Address 50 Smith Street Email gmcgowan@floridakrazekrush.com Phone ( ) \_\_\_\_\_ H

City Oviedo State FL Zip Code 32765 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	1/1/ 2010	S3, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50 min	7	<input type="checkbox"/>	3	\$295	<input type="checkbox"/>
U- 10	1/1/ 2009	S3,RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	3	50 min	7	<input type="checkbox"/>	3	\$295	<input type="checkbox"/>
U- 11	1/1/ 2008	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16*	3	60 min	9	<input type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 12	1/1/ 2007	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16*	3	60 min	9	<input type="checkbox"/>	3	\$350	<input type="checkbox"/>
U- 13	1/1/ 2006	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	60 min	11	<input type="checkbox"/>	3	\$425	<input type="checkbox"/>
U- 14	1/1/ 2005	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	60 min	11	<input type="checkbox"/>	3	\$425	<input type="checkbox"/>
U- 15	1/1/ 2004	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	70 min	11	<input type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 16	1/1/ 2003	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	70 min	11	<input type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 17	1/1/ 2002	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	70 min	11	<input type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 18/19	1/1/ 2001/2000	S3,RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22**	3	70 min	11	<input type="checkbox"/>	3	\$450	<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: SAY,AYSO,US Club,
- 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 11/29/18

#### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By FYSA

Date

11/29/18

Title

**Executive Director**