



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 Eclipse Cup Website URL: www.EclipseSoccerClub.com
 Hosting Organization HYSA / Eclipse Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Paul Rossetti Title President Phone (281) 261-5600 W
 Address 4638 Riverstone Blvd. Suite 200 Email President@EclipseSoccerClub.com Phone (312) 485-7737 H
 City Missouri City State Texas Zip Code 77459 Phone (281) 261-3399 FAX
 State Association or Affiliate South Texas Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Camp Sienna and/or Community Park (Missouri City) **TEAM ENTRY DEADLINE:** Midnight Saturday January 6, 2017
 Date(s) of Tournament or Games January 21 & 22, 2017 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Robert Hernandez Phone (281) 261-5600 W
 Address 4638 Riverstone Blvd. Suite 200 Email Tournaments@EclipseSoccerClub.com Phone (281) 208 4097 H
 City Missouri City State Texas Zip Code 77459 Phone (281) 261-3399 FAX

Age Groups Accepted	Typé(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-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 11-12	8/1/ S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	50	8/1	<input checked="" type="checkbox"/>	3	\$ 450	<input type="checkbox"/>
U- 13-14	8/1/ S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	5	60	10/1	<input checked="" type="checkbox"/>	3	\$ 525	<input type="checkbox"/>
U- 15-16	8/1/ S1, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	5	60	10/1	<input checked="" type="checkbox"/>	3	\$ 525	<input type="checkbox"/>
U-	8/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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 -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

[Handwritten Signature]

Date 10/26/16

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE South Texas Youth Soccer Assoc

Date 11-23-16
 Title Exec Director

By *[Handwritten Signature]*

