



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 Albion Cup NA Ford Showax Website URL: www.albioncup.com
 Hosting Organization Albion SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Noah Gins Title Director Phone () _____ W
 Address 1804 Garnet Ave. #495 Email ngins@albionsoccer.org Phone () _____ H
 City San Diego State CA Zip Code 92109 Phone () _____ FAX
 State Association or Affiliate CYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games La Jolla, San Diego **TEAM ENTRY DEADLINE: June 1, 2016**
 Date(s) of Tournament or Games July 15-18, 2016 Estimated # of Teams 600
 Tournament or Games Director or Contact Person Noah Gins Phone () _____ W
 Address 1804 Garnet Ave #495 Email _____ Phone () _____ H
 City San Diego State CA Zip Code 92109 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- 8/1/ 08		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	5	25	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 8/1/ 07		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	5	25	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 8/1/ 06		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	5	25	8	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 8/1/ 05		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	25	11	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 8/1/ 04		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	25	11	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 8/1/ 03		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	25	11	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 8/1/ 02		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	25	11	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 8/1/ 01		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	30	11	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U- 8/1/ 00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	30	11	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U- 8/1/ 99/98		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	30	11	<input checked="" type="checkbox"/>	3	\$995	<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



Date 10-2-15

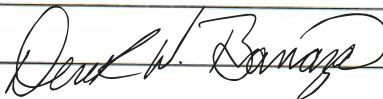
APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Cal South

Date 12/14/2015

By



Title President

