

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Kick Hunger Cup Website URL: www.KickHungerCup.com
 Hosting Organization LA GALAXY SO Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Gregg Carrasco Title Dir. of Rec Phone 760 224-1173 W
 Address 5375 Avenida Encinas #C Email gregg@lagalaxyso.com Phone () _____ H
 City Carlsbad State CA Zip Code 92008 Phone () _____ FAX
 State Association or Affiliate CA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Carlsbad, CA TEAM ENTRY DEADLINE: 12/14
 Date(s) of Tournament or Games Dec 21-22, 2019 Estimated # of Teams 64
 Tournament or Games Director or Contact Person Gregg Carrasco Phone 760 224-1173 W
 Address 5375 Avenida Encinas #C Email info@carlsbadgalsoccer.com Phone () _____ H
 City Carlsbad State CA Zip Code 92008 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 8/1/2012	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	40 min	7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-10 8/1/2010		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		50 min	7	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U-12 8/1/2008		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15		60 min	9	<input checked="" type="checkbox"/>	3	\$485	<input type="checkbox"/>
U-14 8/1/2006		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60 min	11	<input checked="" type="checkbox"/>	3	\$475	<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"/>
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: _____
- 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 11/6/19

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Cal South Date 11/7/2019
 By Cindy Quan Title President

