



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 The Cup 2023 Website URL: www.legacysoccer.org/tournaments
 Hosting Organization Legacy Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Danny Baker Title Event Director Phone () _____ W
 Address Ralph Greco Email rpg78@aol.com Phone () _____ H
 City College Station State TX Zip Code 77379 Phone () _____ FAX
 State Association or Affiliate TYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Veteran's Park TEAM ENTRY DEADLINE: January 27, 2023
 Date(s) of Tournament or Games FEB 11-12, 2023 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Danny Baker Phone () _____ W
 Address 19835 Stuebner Airline Rd. Email support@legacysoccer.org Phone () _____ H
 City Spring State TX Zip Code 77379 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/ 14	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7v7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	10	1/1/ 13	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7v7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U-	11	1/1/ 12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9v9	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	12	1/1/ 11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9v9	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U-	13	1/1/ 10	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	70	11v11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U-	14	1/1/ 09	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	70	11v11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U-	15	1/1/ 08	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	70	11v11	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U-		1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/		<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: US Club Soccer
 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 08/27/2022

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Ahmed Elsohary Date 08/28/2022
Ahmed Elsohary (Sep 6, 2022 17:49 CDT)

By Title Exec Director
South Texas Youth Soccer 9.28.22