



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: RYSA Cup Website URL: www.RYSA.net
 Hosting Organization: RYSA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization: Mike Bates Title: Tournament Director Phone: (H) 502-0179 W
 Address: 1780 Old Salem Rd Email: mikebates@billsouth.net Phone: (H) 918-9724 H
 City: Conyers State: GA Zip Code: 30094 Phone: () FAX
 State Association or Affiliate: GUSA Guest Referees Applications Accepted: Yes No
 Location of Tournament or Games: RYSA Soccerplex **TEAM ENTRY DEADLINE:** 1/22/06
 Date(s) of Tournament or Games: 2/11/06 - 2/12/06 Estimated # of Teams: 35
 Tournament or Games Director or Contact Person: Mike Bates Phone: (H) 502-0179 W
 Address: 2981 Stone Bridge Rd Email: 22222 Phone: () H
 City: Conyers GA State: GA Zip Code: 30094 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-10 8/1/ 95	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	3	325	<input type="checkbox"/>
U-11 8/1/ 94		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	325	<input type="checkbox"/>
U-12 8/1/ 93		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	8	<input checked="" type="checkbox"/>	3	350	<input type="checkbox"/>
U-13 8/1/ 92		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	375	<input type="checkbox"/>
U-14 8/1/ 91		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	375	<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** - US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- Foreign 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: Mike Bates Date: 7/15/05

APPROVAL
Georgia State Soccer Assn.
(For Official Use Only)
2323 Perimeter Park Dr., NE
Atlanta, GA 30341

STATE ASSOCIATION OR AFFILIATE: _____ Date: 10/8/05
By: CR Potts Title: _____