



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Orlando City Cup Website URL: www.ocss-seminole.com
 Hosting Organization Orlando City Youth Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Tanya Neidert Title Director Phone () 407-321-5264 W
 Address 1900 Seminole Soccer Loop Email tanya.neider@ocyouthsoccer.com Phone () 321-745-5113 H
 City Sanford State FL Zip Code 32771 Phone () _____ FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Seminole Soccer Complex **TEAM ENTRY DEADLINE:** 9/27/2023
 Date(s) of Tournament or Games 10/6-8/2023 Estimated # of Teams 180
 Tournament or Games Director or Contact Person Jeff Harris Phone () 314-304-3903 W
 Address 1900 Seminole Soccer Loop Email jeff.harris@ocyouthsoccer.com Phone () 314-304-3903 H
 City Sanford State FL Zip Code 32771 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/ 2015 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 10	1/1/ 2014 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 11	1/1/ 2013 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 12	1/1/ 2012 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 13	1/1/ 2011 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 14	1/1/ 2010 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 15	1/1/ 2009 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 16	1/1/ 2008 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 17	1/1/ 2007 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 19	1/1/ 2005 UT, S1 - S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input checked="" type="checkbox"/>	3	825	<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: TBD

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 7/14/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

FYSA

Date 8/14/23

By Ashley Ellison

Title Dps + Office Admin



APPROVED