



**US Youth Soccer**  
A Proud Member of US Soccer

Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly - Do Not Staple

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games: Austin Capital Cup 2009 Website URL: www.austinsoccer.org  
 Hosting Organization: AUCSC Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization: Shawn Self, Executive Director Phone: 512 899-1089 W  
 Address: 5716 HWY 290 W. Sp. 212 Email: self@austinsoccer.org Phone: ( ) \_\_\_\_\_ H  
 City: Austin State: TX Zip Code: 78735 Phone: 512 899-1089 FAX  
 State Association or Affiliate: STYSA Guest Referees Applications Accepted:  Yes  No  
 Location of Tournament or Games: South Austin TEAM ENTRY DEADLINE: JAN 12<sup>th</sup>  
 Date(s) of Tournament or Games: JAN 24<sup>th</sup> & 25<sup>th</sup> Estimated # of Teams: 120  
 Tournament or Games Director or Contact Person: Shawn Self Phone: 512 899-1089 W  
 Address: 5716 HWY 290 W. Sp. 212 Email: self@austinsoccer.org Phone: ( ) \_\_\_\_\_ H  
 City: Austin State: TX Zip Code: 78735 Phone: 512 899-1089 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-11 8/11 97	5, 5 <sub>2</sub> , 5 <sub>3</sub> , 5 <sub>4</sub>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	8	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-12 8/11 96	5, 5 <sub>2</sub> , 5 <sub>3</sub> , 5 <sub>4</sub>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-13 8/11 95	5, 5 <sub>2</sub> , 5 <sub>3</sub> , 5 <sub>4</sub>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-14 8/11 94	5, 5 <sub>2</sub> , 5 <sub>3</sub> , 5 <sub>4</sub>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<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: [Signature] Date: 9/3/09

**APPROVAL**  
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE: STYSA Date: 9/24/08  
 By: Linda Mueller Title: Asst Admin

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

Rec'd 9/21/08  
 ck # 3296  
 \$100.