



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games JAMBALAYA CUP Website URL: _____

Hosting Organization ASCENSION FLIGHT SOCCER CLUB Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization SHAUN CARTY Title CLUB PRESIDENT Phone (985) 789-2726 W

Address P.O BOX 2046 Email SHAUN_CARTY@ASCENSIONFLIGHT.ORG Phone () _____ H

City GONZALES State LA Zip Code 70737 Phone () _____ FAX

State Association or Affiliate LOUISIANA SOCCER ASSOCIATION Guest Referees Applications Accepted Yes No

Location of Tournament or Games CAJUN INDUSTRIES SOCCER COMPLEX TEAM ENTRY DEADLINE: FEBRUARY 17TH 2023

Date(s) of Tournament or Games MARCH 3-5 2023 Estimated # of Teams 80 - 100

Tournament or Games Director or Contact Person ADAM SHAW & DAN HAWKINS Phone 225 828-0248 W

Address P.O BOX 2046 Email TOURNAMENTS@ASCENSIONFLIGHT.ORG Phone 225 290-4389 H

City GONZALES State LA Zip Code 70737 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- 11	1/1/ 2012 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	\$450 - \$475	<input type="checkbox"/>
U- 12	1/1/ 2011 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	\$450 - \$475	<input type="checkbox"/>
U- 13	1/1/ 2010 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$500 - \$525	<input type="checkbox"/>
U- 14	1/1/ 2009 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$500 - \$525	<input type="checkbox"/>
U- 15	1/1/ 2008 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$525 - \$550	<input type="checkbox"/>
U- 16	1/1/ 2007 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$525 - \$550	<input type="checkbox"/>
U- 17	1/1/ 2006 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$550 - \$575	<input type="checkbox"/>
U- 18	1/1/ 2005 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$550 - \$575	<input type="checkbox"/>
U- 19	1/1/ 2004 D1,D2,D3,D4,D5,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	\$550 - \$575	<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: _____
- 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 5/5/2022

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date _____

By _____ Title _____