



Please Type or Print Clearly – Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games CABOSA Cup Website URL: Cabosa.org

Hosting Organization CABOSA Shreveport United Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Mark Matlock Title Tournament Director Phone 318 655-4882 W

Address 3837 Gilbert Dr Email markmatlock@cabosa.org Phone ( ) \_\_\_\_\_ H

City Shreveport State LA Zip Code 71104 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate Louisiana Soccer Association Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Cargill Park **TEAM ENTRY DEADLINE:** August 16, 2021

Date(s) of Tournament or Games Aug 26-28 2022 Estimated # of Teams 100

Tournament or Games Director or Contact Person Mark Matlock Phone 318 655-4882 W

Address 3837 Gilbert Dr Email markmatlock@cabosa.org Phone ( ) \_\_\_\_\_ H

City Shreveport State LA Zip Code 71104 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/	13	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	7	<input type="checkbox"/>	3	500	<input type="checkbox"/>
U-	11	8/1/	12	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	9	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	12	8/1/	11	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	9	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	13	8/1/	10	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	14	8/1/	09	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	15	8/1/	08	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	16	8/1/	07	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	17	8/1/	06	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	18	8/1/	05	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	19	8/1/	04	OPEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	600	<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 (Open to all Federation affiliated participants)
- International 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 Mark Matlock Date 3/16/2022

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_