



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Red River Classic 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 March 31- April 2 2023 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 _____