



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Gobbler Cup Website URL: https://soccer.sincsports.com/TTTTList.aspx?tid=GOBBLE

Hosting Organization HTSA Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Kevan Keiser Title President Phone 985 226-4020 W

Address P.O. Box 625 Email htsasoccer@gmail.com Phone 985 868-3897 H

City Houma State LA Zip Code 70361 Phone () _____ FAX

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

Location of Tournament or Games The Lakes Soccer Complex **TEAM ENTRY DEADLINE:** November 9, 2022

Date(s) of Tournament or Games November 12-13, 2022 Estimated # of Teams 100

Tournament or Games Director or Contact Person Kevan Keiser Phone 985 226-4020 W

Address P.O. Box 625 Email htsasoccer@gmail.com Phone _____ H

City Houma State LA Zip Code 70361 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/ | 12 | UT | X | X | 14 | 3 | 2X20 | 7V7 | NO | 2 | \$350 | <input type="checkbox"/> |
| U- | 11 | 8/1/ | 11 | UT | X | X | 18 | 3 | 2X25 | 9V9 | YES | 3 | \$425 | <input type="checkbox"/> |
| U- | 12 | 8/1/ | 10 | UT | X | X | 18 | 3 | 2x25 | 9v9 | YES | 3 | \$425 | <input type="checkbox"/> |
| U- | 13 | 8/1/ | 09 | UT | X | X | 22 | 3 | 2X30 | 11V11 | YES | 3 | \$500 | <input type="checkbox"/> |
| U- | 14 | 8/1/ | 08 | UT | X | X | 22 | 3 | 2X30 | 11V11 | YES | 3 | \$500 | <input type="checkbox"/> |
| U- | | 8/1/ | | | | | | | | | | | | <input type="checkbox"/> |
| U- | | 8/1/ | | | | | | | | | | | | <input type="checkbox"/> |
| U- | | 8/1/ | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| U- | | 8/1/ | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| U- | | 8/1/ | | | <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** (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 _____

Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Louisiana Soccer Date 8/19/22

By Valerie Cloutre Title Program Manager