



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Gator Classic Website URL: www.lafiresoccer.com/tournaments
 Hosting Organization Louisiana Fire SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization David DeHoog Title Tournament Director Phone (504) 4658224 W
 Address 1918 18th Street Email ddehoog@lafiresoccer.com Phone () _____ H
 City Kenner State LA Zip Code 7006 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Lafreniere/ City Park **TEAM ENTRY DEADLINE:** Sept 1 2022
 Date(s) of Tournament or Games Sept 24-25 2022 Estimated # of Teams 120
 Tournament or Games Director or Contact Person Jason Dormady Phone (504) 465-8224 W
 Address 1918 18th street Email jdormady@lafiresoccer.com Phone () _____ H
 City kenner State la Zip Code 2 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/ 10	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	50	7	participation	3	300	<input type="checkbox"/>
U- 11 8/1/ 09	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 12 8/1/ 08	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 13 8/1/ 07	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 14 8/1/ 06	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 15 8/1/ 05	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 16 8/1/ 04	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 17 8/1/ 03	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 18 8/1/ 02	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 19 8/1/ 01	Rec, S1 –S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<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 David Dehoog Date 1/31/22

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date _____
 By _____ Title _____