



A Proud Member of US Soccer
 Affiliated with the Federation International de Football Association

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Strawberry Cup – Boys Website URL: https://soccer.sincsports.com/TTContent.aspx?tid=BSTRAW&tab=1
 Hosting Organization South Tangi Youth Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Eddie Sequeira Title President Phone (985) 634-6484 W
 Address P.O. Box 3013 Email pres.stysa@gmail.com Phone () _____ H
 City Hammond State LA Zip Code 70404 Phone () _____ FAX
 State Association or Affiliate LSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Chappapeela Sports Park, Hammond, LA **TEAM ENTRY DEADLINE:** March 4, 2024
 Date(s) of Tournament or Games March 15-17, 2024 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Eddie Sequeira Phone (985) 634-6484 W
 Address P.O. Box 3013 Email pres.stysa@gmail.com Phone () _____ H
 City Hammond State LA Zip Code 70404 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- 9	1/1/ 14	RT - Jamboree	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	50	7	<input checked="" type="checkbox"/> participation	3	300	<input type="checkbox"/>
U- 10	1/1/ 13	RT - Jamboree	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	50	7	<input checked="" type="checkbox"/> participation	3	300	<input type="checkbox"/>
U- 11	1/1/ 12	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 12	1/1/ 11	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 13	1/1/ 10	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 14	1/1/ 09	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 15	1/1/ 08	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 16	1/1/ 07	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 17	1/1/ 06	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 18	1/1/ 05	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 19	1/1/ 04	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	650	<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 _____

Eddie Sequeira

Date 01/09/23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Louisiana
 By *Julius Cooper*

Date

3/1/23

Title

prog mgr