



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 – Girls Website URL: https://soccer.sincsports.com/TTContent.aspx?tid=GSTRAW&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.stvsa@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 14, 2023

Date(s) of Tournament or Games March 24-26, 2023 Estimated # of Teams 90

Tournament or Games Director or Contact Person Eddie Sequeira Phone (985) 634-6484 W

Address P.O. Box 3013 Email pres.stvsa@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 type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	7	<input checked="" type="checkbox"/> participation	3	300	<input type="checkbox"/>
U- 10	1/1/ 13	RT - Jamboree	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 12	1/1/ 11	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 13	1/1/ 10	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 14	1/1/ 09	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 15	1/1/ 08	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 16	1/1/ 07	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 17	1/1/ 06	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 18	1/1/ 05	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 19	1/1/ 04	S1, S2, S3, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	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** 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 _____

Date 01/26/22

APPROVAL

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

By _____ Title _____