



US Youth Soccer
A Proud Member of US Soccer

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games COASTAL GEORGIA SOCCER ASSOCIATION, SAVANNAH SENIOR CUP
Hosting Organization COASTAL GEORGIA SOCCER ASSOCIATION
President or Chief Officer of Hosting Organization ANDY KAPLAN Telephone 912, 691-2472 W
Address 16 MEDICAL ARTS CENTRE E-mail KAPLAN@STCH.ORG 912, 658-1008 H
City SAVANNAH State GA Zip 31405 912, 691-1632 FAX
State Association or Affiliate GYSA

Location of Tournament or Games SAVANNAH GEORGIA, TEAM ENTRY DEADLINE: NOV 15 - 2003

Address of Field (Tournament Headquarters) CHATHAM COUNTY COMPLEX

Date(s) of Tournament or Games DEC 13TH DEL 14TH Estimated # of Teams 60-70

Tournament or Games Director or Contact Person DEK SMITH Telephone 912, 691-2472 W

Address 16 MEDICAL ARTS CENTRE E-mail DEK@CGSASOCCER.ORG 912, 844-0203 H

City SAVANNAH State GA Zip 31405 912, 691-1632 FAX

Table with columns: Age Groups Accepted, Type(s) of Team Accepted, B, G, Roster Size, # Guest Players Allowed, Length of Games, Ball Size, Awards, Min # of Games, Entry Fee, Bond. Includes handwritten entries for U-15 to U-19 and a financial summary box with 'FUND', 'CHECK # 1845', 'DOLLAR AMOUNT 250.00', and 'REC'D BY'.

\*List of types of teams is on reverse side of this form.

Teams will be invited from: Foreign Teams (list below)\*\* State Associations/Affiliates (list below)\*\* Other US Soccer Member Organization (list below)\*\*
\*\*Foreign Teams/State Associations/Affiliates/Other US Soccer Members:

Signature of President or Chief Officer of Hosting Organization [Signature] Date 4/1/03

STATE ASSOCIATION OR AFFILIATE Georgia State Soccer Assn. 2323 Perimeter Park Dr, NE Atlanta, GA 30341 Date 6/13/03
By [Signature] Title [Signature]

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.