



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

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Seaside Classic Website URL: scysc.org/seaside-tournament-home
 Hosting Organization South County Youth Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Brendan Hanes Title Director Phone (401) 742-3684 W
 Address 105 Schooner Dr Email Seaside@scysc.org Phone () _____ H
 City SK State RI Zip Code 02879 Phone () _____ FAX
 State Association or Affiliate RI Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Minnet Park Turfdown, URI TEAM ENTRY DEADLINE: June 23, 2024
 Date(s) of Tournament or Games July 13-14 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Brendan Hanes Phone () _____ W
 Address 105 Schooner Dr Email Seaside@scysc.org Phone () _____ H
 City SK State RI Zip Code 02879 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-8 1/1/1	↑	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3.5	50	7	<input checked="" type="checkbox"/>	4	\$645	<input type="checkbox"/>
U-9 1/1/1	↑	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3.5	50	7	<input checked="" type="checkbox"/>	4	\$645	<input type="checkbox"/>
U-10 1/1/1	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3.5	50	7	<input checked="" type="checkbox"/>	4	\$645	<input type="checkbox"/>
U-11 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4.5	60	9	<input checked="" type="checkbox"/>	4	\$745	<input type="checkbox"/>
U-12 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4.5	60	9	<input checked="" type="checkbox"/>	4	\$745	<input type="checkbox"/>
U-14 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	9.5	60	11	<input checked="" type="checkbox"/>	4	\$920	<input type="checkbox"/>
U-16 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5.5	60	11	<input checked="" type="checkbox"/>	4	\$920	<input type="checkbox"/>
U-17 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5.5	60	11	<input checked="" type="checkbox"/>	4	\$920	<input type="checkbox"/>
U-18 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5.5	60	11	<input checked="" type="checkbox"/>	4	\$920	<input type="checkbox"/>
U-19 1/1/1	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5.5	60	11	<input checked="" type="checkbox"/>	4	\$920	<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

Bryan M...

Date 1/8/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Robert Enright

APPROVED



Soccer Rhode Island

Date 1/14/2024

By _____

Title _____