



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Capo Cup Website URL: www.unitedfc.org
 Hosting Organization United Football Club Type of Tournament: Select Recreational Select & Re
 Designate Official of Hosting Organization Shari Nomady Title Co-Director Phone 714 504-2052
 Address 15375 Bannock Hwy #1-103 Email SNOMADY@NOMOS.COM Phone 949-454-9861
 City IrVine State CA Zip Code 92618 Phone 949-753-0055
 State Association or Affiliate Cal South Guest Referees Applications Accepted Yes No
 Location of Tournament or Games San Juan Capistrano CA TEAM ENTRY DEADLINE: JULY 2008
 Date(s) of Tournament or Games August 9-10 2008 Estimated # of Teams 250
 Tournament or Games Director or Contact Person Shari Nomady & Chuck Prince Phone 949-322-3111
 Address 28365 La Calata Email CPrince1@cox.net Phone 949 454-9861
 City Mission Viejo State CA Zip Code 92692 Phone 949 753-0055

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	Bon
U- 9 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 10 8/11	57-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 11 8/11	57-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 12 8/11	57-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 13 8/11	57-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 14 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 15 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 16 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 17 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 19 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>

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

- RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
 Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: All
 Foreign 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

Shari Nomady

Date 9/25/08

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE

By Cindy Barrena for Frank Sanford

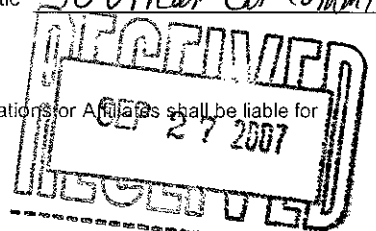
Date

11/3/07

Title

Tournament Committee

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



Cal South Application for Tournament Sanctioning

All forms must be sent with appropriate tournament fees to:
 Cal South Sanctioned Tournaments
 1029 S Placentia Avenue
 Fullerton, CA 92831



Tournament Sanction Application Fees:

Class I, II, III, IV - \$100 Class V - No Fee Required

Applications are due by April 30th & October 31st

Applications received after these dates require an **additional \$500** late fee

League Name United Futbol Club 0314 League Number 0314
 Name of Tournament Capo Cup Entry Deadline July 2008
 Dates of Tournament August 9-10, 2008 Rain Dates Aug. 11, 2008
 Tournament Director SHAR: Nomady / Chuck Prince Tournament Fee \$500 - 550
 Address PMB 349 30251 Golden Lane Phone (H) 949-454-9861
 City Laguna Niguel Zip 92677 Phone (W) 949-322-3132
 Email Address SNomady@xpromos.com Tournament Phone 949-635-0223
 Tournament Website www.capocup.com Number of Teams 250
 Tournament Location(s) San Juan Capistrano Number of Fields 29

Class(es)

Gender

Age Levels (circle all that apply)

- I II III IV V **Boys** U8/U9B U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
 I II III IV V **Girls** U8/U9B U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

We, the undersigned, HEREBY AGREE to abide by the Cal South Tournament Rules:

SHAR: Nomady Shari Nomady 8-1-07
 Name of Tournament Director Signature of Tournament Director Date
Bryan Burkholder Bryan Burkholder 9/25/07
 Name of League Official Signature of League Official Date

****Do NOT Write Below This Line ** For Official Use Only****

District Commissioner

Approve Deny

11-2-2007 [Signature]
 Date Corp Office Initials

Email Attached

Tournament Chairman

Approve Deny

11-3-07 [Signature]
 Date Corp Office Initials

Email Attached

Board of Directors

Approve Deny

11-3-07 [Signature]
 Date Corp Office Initials

