



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 5v5 Thanksgiving Classic Website URL: dynamodashyouth.com/events/tournaments

Hosting Organization TYSA Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Ahmed Edelsokary Title President Phone () _____ W

Address _____ Email _____ Phone () _____ H

City The Woodlands State TX Zip Code 77383 Phone () _____ FAX

State Association or Affiliate TYSA/STYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Beaumont, TX TEAM ENTRY DEADLINE: 11/19/2021

Date(s) of Tournament or Games 11/27/2021 Estimated # of Teams 100

Tournament or Games Director or Contact Person Thomas Shenton Phone () 4097915399 W

Address 9000 Dishman Road Email tshenton@dynamodashyouth.com Phone () _____ H

City Beaumont State TX Zip Code 77713 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- 7	11/ 15	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input type="checkbox"/>	3	245	<input type="checkbox"/>
U- 8	11/ 14	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input type="checkbox"/>	3	245	<input type="checkbox"/>
U- 9	11/ 13	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 10	11/ 12	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 11	11/ 11	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 12	11/ 10	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 13	11/ 09	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 14	11/ 08	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 15	11/ 07	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<input type="checkbox"/>
U- 16	11/ 06	S1/S2/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	15/15	5	<input checked="" type="checkbox"/>	3	245	<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: _____
- International
- 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

 Exec Director
South Texas Youth Soccer

Date 10-20-21
9/20/21

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE



Date 9/14/2021

By Ahmed Elsokary

Title President