



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 2025 Palm Beach Gardens Classic Spring Website URL: www.pbgardensclassic.com
 Hosting Organization PBGYAA (Palm Beach Gardens Predators) Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jason Probel Title President Phone () _____ W
 Address 4029 Johnson Dairy Road Email soccerpresident@pbgyaa.com Phone () _____ H
 City Palm Beach Gardens State FL Zip Code 33410 Phone () _____ FAX
 State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Palm Beach Gardens, FL TEAM ENTRY DEADLINE: February 7, 2025
 Date(s) of Tournament or Games March 7-9, 2025 Estimated # of Teams 180
 Tournament or Games Director or Contact Person Ryan Morgan Phone () 8044437207 W
 Address 4029 Johnson Dairy Road Email ryan@smcsoccer.com Phone () _____ H
 City Palm Beach Gardens State FL Zip Code 33410 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/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 10 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 11 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 12 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 13 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 14 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 15 1/1/ 201	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 16 1/1/ 200	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 17 1/1/ 200	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 18/1 1/1/ 200/1	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	925	<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

Adan

Date 01/14/25

APPROVAL

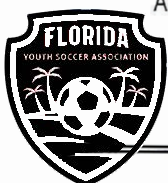
(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

FYSA

Date 1/21/25

By *Ashley Ellison*

Title Operations and Office Admin



APPROVED