



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games EDP Fall Classic Florida, powered by Iconz Experience Website URL: https://www.edpsoccer.com/fall-classic-florida

Hosting Organization Iconz Experience Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Lawrie Dudfield Title CEO Phone () 3214023712 W

Address 605 Callance Way Email lawrie_dudfield@edpsoccer.com Phone () _____ H

City St. Petersburg State FL Zip Code 33716 Phone () _____ FAX

State Association or Affiliate FYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games IMG Academy **TEAM ENTRY DEADLINE:** 9/8/22

Date(s) of Tournament or Games 10/08/2022 - 10/09/2022 Estimated # of Teams 136

Tournament or Games Director or Contact Person Ashley Wells Phone () 7324327200 W

Address 8 Cornwall CT Email ashley@edpsoccer.com Phone () _____ H

City East Brunswick State NJ Zip Code 08816 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- 11	11/1 12	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 12	11/1 11	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 13	11/1 10	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 14	11/1 09	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 15	11/1 08	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 16	11/1 07	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 17	11/1 06	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 18	11/1 05	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U- 19	11/1 04	S1,S2,S3,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	995	<input type="checkbox"/>
U-	11/1		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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 Lawrie Dudfield Date 1/31/22



APPROVED

By FYSA J. Murphy

Date 2-02-2022
Title Program Specialist