



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

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	2026 SARASOTA CUP GIRLS WEEKEND			Website URL:	WWW.SARASOTACUP.COM		
Hosting Organization	FC SARASOTA			Type of Tournament:	<input type="checkbox"/> Select	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Select & Rec
Designate Official of Hosting Organization	JASON CLEVINGER			Title	PRESIDENT		
Address	PO BOX 17936			Email	JUSTIN@SMCSOCCER.COM		
City	SARASOTA			State	FL	Zip Code	34276
State Association or Affiliate	FLORIDA YOUTH SOCCER ASSOCIATION			Guest Referees Applications Accepted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Tournament or Games	LAKEWOOD RANCH, FL			TEAM ENTRY DEADLINE: MARCH 6, 2026			
Date(s) of Tournament or Games	APRIL 10-12, 2026			Estimated # of Teams 180			
Tournament or Games Director or Contact Person	JUSTIN MCFARLAND			Phone	()	9412411381	W
Address	PO BOX 17936			Email	JUSTIN@SMCSOCCER.COM		
City	SARASOTA			State	FL	Zip Code	34276
Phone	()				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/ 2017	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 10	1/1/ 2016	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 11	1/1/ 2015	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 12	1/1/ 2014	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 13	1/1/ 2013	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	900	<input type="checkbox"/>
U- 14	1/1/ 2012	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	900	<input type="checkbox"/>
U- 15	1/1/ 2011	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	975	<input type="checkbox"/>
U- 16	1/1/ 2010	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	975	<input type="checkbox"/>
U- 17	1/1/ 2009	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	975	<input type="checkbox"/>
U- 18/+	1/1/ 2008/+	S1-S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	975	<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

Jason Wade Clevenger

Date 7/21/2025

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

FYSA

Date

7/29/25

By

Michelle Jerantowski

Title

Safeguarding and Compliance Admin



APPROVED