

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 CLEVENGER			Title			PRESIDENT		
Address			PO BOX 17936			Email			JUSTIN@SMCSOCCER.COM		
City			SARASOTA			State			FL		
Zip Code			34276			Phone ( )			W		
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 ( )			H		
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-	18/19	1/1/	2008/09	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

the approving State Association or Affiliate.

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**