GEORGIA SOCCER-ADULT TOURNAMENT OR EVENT APPROVAL CONDITIONS

MEMO OF UNDERSTANDING

1. **Restricted**: Only USASA-affiliated teams and players are allowed to participate in the tournament.
   **Non Restricted**: All USSF affiliated teams and players are allowed to participate in the tournament. (Georgia Soccer-youth, Georgia Soccer-adult, US Club Soccer, USASA)

2. “All-Star “ team participation must be part of the application.

3. The US Soccer Laws of the Games will be used for all matches, except where the tournament/event rules modifications are listed with the application. ( e.g.:Statement that league rules will be used)

4. Every player must present a current player pass issued by GSSA, USASA, or the affiliated league before being allowed to participate.

5. A completed and approved “USASA Region III Application for Travel” must be presented by each of the out-of-state team, and be in the hands of the host GSSA affiliate prior to participation by that team.

HOST TOURNAMENT/EVENTS AFFILIATE

In addition to the above:

1. Submit a complete copy of tournament rules with the application.
2. Submit evidence of security safeguards implemented for the out-of-state teams using non-game site facilities ( e.g.: hotels, etc.)
3. Use only certified and currently registered US Soccer referees for all tournament matches. Certified assignors must be used as well.

NON-AFFILIATED HOST TOURNAMENT/EVENT APPLICANTS

In addition to the above:

1. Present evidence of a minimum of $5 MILLION independent liability coverage for the tournament and all participants.
2. Present detailed evidence of adequacy of arrangements ( e.g.: accommodations, meals, interstate travel, local transportation) for all out-of- state teams participating in the tournament or event.
3. Remit to Georgia Soccer an amount equal to 5% of all tournament/event income, including but not limited to: entry fees, concessions, player/coach/referee/general public clinics, related tournament-event functions, etc.
APPLICATION TO HOST TOURNAMENTS OR GAMES

TOURNAMENT/EVENT NAME: __________________________________________

HOST TEAM/ CLUB/LEAGUE/ORGANIZATION: __________________________________________

TOURNAMENT/EVENT DIRECTOR NAME: __________________________________________

ADDRESS: ________________________________________________________________

CITY: ______________________________ STATE: __________ ZIP: ____________________

PHONE: ______________________________ EMAIL ADDRESS: ____________________________

FIELD LOCATION: ____________________________________________________________

TOURNAMENT/EVENT GAME DATES: __________________________________________

WHICH TYPE(S) TEAMS INVITED: __________________________________________

TEAM ENTRY DEADLINE: ______________________________________________________

TEAM ENTRY FEE: __________________________

___ Restricted: Only USASA-affiliated teams and players will be allowed to participate in the tournament.
___ Non Restricted: All USSF affiliated teams and players are allowed to participate in the tournament.

Certified Referee Assignor First Name: __________________________ Last Name: __________

Home Phone Number: __________________________ Cell Phone Number: __________________________

MINIMUM NUMBER OF GAMES GUARANTEED: __________________________

WILL TEAMS BE INVITED FROM FOREIGN COUNTRIES? (USSF PERMISSION REQUIRED):

STATEMENT

I have read, understand and agree to the conditions specified by the Georgia State Soccer Association for approval of our tournament:

Submitted by Name: __________________________ DATE: __________

Title: __________________________ Daytime Phone Number __________________________

Signature: __________________________________________________________

APPROVAL

LEAGUE OFFICIAL/TITLE: __________________________ DATE: __________

Georgia Soccer OFFICIAL/TITLE: __________________________ DATE: __________