

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. (eg.: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 (eg.: 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 (eg.: 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: _____