



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 2026 GULF COAST INVITATIONAL Website URL: https://www.smcoccer.com/gulf-coast-invitational/
Hosting Organization SOCCER MANAGEMENT COMPANY Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec
Designate Official of Hosting Organization STEVE LOVGREN Title PRESIDENT Phone () 804-833-2092 W
Address 112 MIDPOINT DRIVE UNIT A5 Email STEVE@SMCSOCCER.COM Phone () H
City MINERAL State VA Zip Code 23117 Phone () FAX
State Association or Affiliate FLORIDA YOUTH SOCCER ASSOCIATION Guest Referees Applications Accepted ☒ Yes ☐ No
Location of Tournament or Games WESLEY CHAPEL, FL **TEAM ENTRY DEADLINE: JANUARY 9, 2026**
Date(s) of Tournament or Games FEBRUARY 6-8, 2026 Estimated # of Teams 130
Tournament or Games Director or Contact Person JUSTIN MCFARLAND Phone () 941-241-1381 W
Address 112 MIDPOINT DRIVE UNIT A5 Email JUSTIN@SMCSOCCER.COM Phone () H
City MINERAL State VA Zip Code 23117 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	10	1/1/	2016	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U-	11	1/1/	2015	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	12	1/1/	2014	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-	13	1/1/	2013	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U-	14	1/1/	2012	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U-	15	1/1/	2011	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-	16	1/1/	2010	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-	17	1/1/	2009	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-	18/19	1/1/	2008/07	S1 - S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	850	<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

Steve Lovgren

Date 06 / 19 / 2025

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

FYSA

6/19/25

Date

By

Michelle Jerantowski

Title

Safeguarding and Compliance Admin



APPROVED