

REQUEST TO HOST

2010 FALL CHAMPIONSHIP TOURNAMENT FORM

- **CAYSA Fall Championship: November 13th- 14th 2010**
- **CAYSA Fall Championship Rainout: November 20th - 21st 2010**
- **Western District Fall Championship: December 4th- 5th 2010**
- **STYSA State Fall Championship: December 11th- 12th 2010**

Name of Association _____

Name of Coordinator _____

Telephone (Home) _____ (Work) _____ (Fax) _____

Cell Phone _____ Email Address _____

Tournament Desired

Age Group U9 U10 U11 U12 U13 U14 U15 U16 U17
U18 U19

Boys Girls CAYSA Fall Championship District State

Competition Level Super II Division II Division III Division IV

Field Location _____

Number of Fields _____

Field Sizes _____

Goal Sizes _____

Are these fields playable under adverse conditions? Yes No
Restrooms will be available at the fields? Yes No
Concessions will be available at the fields? Yes No
Adequate parking facilities will be available? Yes No
First Aide station will be available? Yes No
Water will be available at the fields? Yes No
Sufficient # of referees for the level of play will be available? Yes No

Reason for submitting hosting request: _____

Signed _____ Title _____ Date _____

ALL FORMS DUE BY FAX ON FRIDAY, OCTOBER 1st
PLEASE FAX TO: 512-302-0686