



A Proud Member of US Soccer
Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 5th Annual Cecil Fall Blast Website URL: www.cecilsoccer.org

Hosting Organization Cecil Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Kevin McMasters Title President Phone 443 553-2761 W

Address 11 Rose Court Email kcmac22@comcast.net Phone 410 620-1973 H

City Elkton State MD Zip Code 21921 Phone () _____ FAX

State Association or Affiliate MSYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Chesland Park – Elkton, MD **TEAM ENTRY DEADLINE:** October 23, 2013

Date(s) of Tournament or Games November 23, 2013 Estimated # of Teams 90

Tournament or Games Director or Contact Person Jeff Privett Phone 410 920-8032 W

Address 18 Nahide Drive Email jprivett21@comcast.net Phone (410) 398-5534 H

City Elkton State MD Zip Code 21921 Phone 302 255-3991 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 8/1/ 04	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$425.00	<input type="checkbox"/>
U- 10 8/1/ 03	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$425.00	<input type="checkbox"/>
U- 11 8/1/ 02	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	8	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 12 8/1/ 01	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	8	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 13 8/1/ 00	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 14 8/1/ 99	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 15 8/1/ 98	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 16 8/1/ 97	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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.
- TOURNAMENT** Other US Soccer Members as listed: We will also accept US Club, CMSA, and SAY soccer teams
- 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 Date 08/28/2013

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Marie Langford

Date 9/17/13

Title Executive Director