



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



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 20<sup>th</sup> Annual Chesapeake Cup Website URL: www.cecilsoccer.org  
 Hosting Organization Cecil Soccer Club Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Eduardo Valladares Title President Phone 410 392-1693 W  
 Address 210 Atlanta Court Email valladares@comcast.net Phone 443 553-6631 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:** March 13, 2015  
 Date(s) of Tournament or Games April 4, 2015 Estimated # of Teams 60-90  
 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/ 05	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 10 8/1/ 04	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$450.00	<input type="checkbox"/>
U- 11 8/1/ 03	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/ 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- 13 8/1/ 01	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/ 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- 15 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- 16 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- 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

Ed Valladares

Date 01/12/2015

## APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Marie Langford

Date

1/27/2015

Title

Executive Director