



A Proud Member of US Soccer
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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 9th Annual Cecil Fall Blast Website URL: www.cecilsoccer.org/tournaments

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

Designate Official of Hosting Organization Eduardo Valladares Title President Phone 410 392-1693 W

Address 210 Atlanta Court Email evalladares@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:** October 21, 2017

Date(s) of Tournament or Games November 11, 2017 Estimated # of Teams 60-100

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

Address 18 Nahide Drive Email privett21@comcast.net Phone 410 398-5534 H

City Elkton State MD Zip Code 21921 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/	2009	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$500.00	<input type="checkbox"/>
U-	10	1/1/	2008	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	7	<input checked="" type="checkbox"/>	3	\$500.00	<input type="checkbox"/>
U-	11	1/1/	2007	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	9	<input checked="" type="checkbox"/>	3	\$550.00	<input type="checkbox"/>
U-	12	1/1/	2006	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 MIN	9	<input checked="" type="checkbox"/>	3	\$550.00	<input type="checkbox"/>
U-	13	1/1/	2005	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$550.00	<input type="checkbox"/>
U-	14	1/1/	2004	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$550.00	<input type="checkbox"/>
U-	15	1/1/	2003	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$550.00	<input type="checkbox"/>
U-	16	1/1/	2002	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 MIN	11	<input checked="" type="checkbox"/>	3	\$550.00	<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.

☒ UT UNRESTRICTED 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

Eduardo Valladares

Date 09/21/2017

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

[Signature]
By GABRIEL FRENCH

Date 10/11/17
Title PROGRAMS DIRECTOR

Michael Naughton
1368 Fair Hill Lane
Elkton, MD 21921
410-398-8239 or 302-757-9723

September 21, 2017

Dear MSYSA,

I will be the referee assignor for the 2017 Cecil Fall Blast Soccer Tournament. I will only be using USSF 2017 certified referees for this tournament. Most of the referees for this tournament will be from Maryland and Delaware area as in the past. We will be using 3 refs for all matches U-11 through U-16 and 1 ref for U-9 & U-10 age groups. We will have an enough refs to cover all games, including a couple floaters at headquarters to cover emergencies that may come up.

I am looking forward to working with Cecil Soccer Club for the Cecil Fall Blast.

Michael Naughton
USSF Referee & Assignor
USSF ID# 0020326121550530