



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

Hopewell Junction, NY 12533

Please Type or Print Clearly - Do Not Staple

Chris Kulski

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Capelli Sport College Showcase Website URL: _____
 Hosting Organization Cedar Stars Academy Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Christian Henry Title Program Director Phone () 845-651-0443 W
 Address 2 Tetz Rd Email christian.henry@cedarstars.com Phone () 570-618-9271 H
 City Chester State NY Zip Code 10918 Phone () _____ FAX
 State Association or Affiliate ENYUSA Guest Referees Appt.ctions Accepted Yes No
 Location of Tournament or Games Capelli Sport Complex **TEAM ENTRY DEADLINE:** 11/23
 Date(s) of Tournament or Games November 3, 4, 5, & 10, 11, 12, 2023 Estimated # of Teams 40
 Tournament or Games Director or Contact Person: Christian Henry Phone () 845-651-0440 W
 Address 2 Tetz Rd Email christian.henry@cedarstars.com Phone () 551-214-6043 H
 City Chester State NY Zip Code 10918 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- 16 1/1/ 2008	Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input type="checkbox"/>	3	1000	<input type="checkbox"/>
U- 17 1/1/ 2007	Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input type="checkbox"/>	3	1000	<input type="checkbox"/>
U- 19 1/1/ 2005	Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	70	11	<input type="checkbox"/>	3	1000	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<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: _____
 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 *CSA* Date 3/10/23

APPROVAL
 (For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date _____
 By _____ Title _____

