



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 Rush Copa November Website URL _____

Hosting Organization Rush NY Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Craig Thomas Title Northeast Rush CEO Phone () 9782840359 W

Address 20 Sanderson Road Email craig@northeastrush.com Phone () _____ H

City Lexington State MA Zip Code 02420 Phone () _____ FAX

State Association or Affiliate CYDSL Guest Referees Applications Accepted Yes No

Location of Tournament or Games 495 GOODMAN RD, FORT ANN, NY, 12827 **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 11/13- 11/14- 11/15 (Make Up) Estimated # of Teams 80-120

Tournament or Games Director or Contact Person Renato Topalli Phone () 2032281028 W

Address 20 Sanderson Road Email renato.topalli@northeastrush.com Phone () _____ H

City Lexington State MA Zip Code 02420 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-8	1/1/ 2014 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50 Minutes	7	<input checked="" type="checkbox"/>	4	595	<input type="checkbox"/>
U-9	1/1/ 2013 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	14	3	50 Minutes	7	<input type="checkbox"/>	4	595	<input type="checkbox"/>
U-10	1/1/ 2012 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	14	3	50 Minutes	7	<input type="checkbox"/>	4	595	<input type="checkbox"/>
U-11	1/1/ 2011 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	18	3	60 Minutes	9	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U-12	1/1/ 2010 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	18	3	60 Minutes	9	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U-13	1/1/ 2009 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	18	3	60 Minutes	11	<input type="checkbox"/>	3	895	<input type="checkbox"/>
U-14	1/1/ 2008 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	10	3	60 Minutes	11	<input type="checkbox"/>	3	895	<input type="checkbox"/>
U-15	1/1/ 2007 S1, S2, S3, S4	<input type="checkbox"/>	<input type="checkbox"/>	18	3	60 Minutes	11	<input type="checkbox"/>	3	895	<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.

R7 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: US Club Soccer

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 _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By ENYUSA  Date 9/17/2021
 Title officer