



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

APP'D HV

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games New Paltz Champions Cup Website URL www.newpaltzsoccer.org  
 Hosting Organization New Paltz Soccer Club Type of Tournament  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Colleen Crennus Title vice President Phone (914) 616 7339 W  
 Address 9 Ketchikan Drive Email colleencrennus@gmail.com Phone ( ) \_\_\_\_\_ H  
 City New Paltz, NY State NY Zip Code 12561 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate ENYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Hudson Valley Sports Dome TEAM ENTRY DEADLINE: 2/11/24  
 Date(s) of Tournament or Games 2/10/24 & 2/11/24 Estimated # of Teams \_\_\_\_\_  
 Tournament or Games Director or Contact Person Craig Weinstein Phone 914 388-1513 W  
 Address 5 Taylor Street Email newpaltz-tsc@gmail.com Phone ( ) \_\_\_\_\_ H  
 City New Paltz State NY Zip Code 12561 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	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-10	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-11	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-12	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-13	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-14	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-15	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-16	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-17	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-18	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4	\$400	<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.

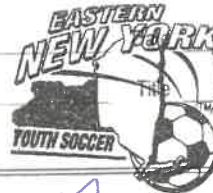
Signature of Designated Official of Hosting Organization \_\_\_\_\_

Date 10/5/23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By \_\_\_\_\_



10-18-23

*[Handwritten signature]*