



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Kick Start into Spring Website URL KASLsoccer.net
 Hosting Organization KASL (Kingston Area Soccer League) Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jeremy Perrison Title _____ Phone () _____ W
 Address 1058 Columbia St Email shansellmusic@gmail.com Phone 845 399-2394 H
 City Kingston State NY Zip Code 12401 Phone () _____ FAX
 State Association or Affiliate HVYSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sports Dome - Milton, NY **TEAM ENTRY DEADLINE:** March 1st, 2024
 Date(s) of Tournament or Games March 2+3, 2024 Estimated # of Teams under 100
 Tournament or Games Director or Contact Person HISA KALVO Phone 845 532-7105 W
 Address P.O. Box 6384 Email iarlam@aol.com Phone () _____ H
 City Kingston State NY Zip Code 12402 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 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	27min	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-9 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>	↓	↓	<input type="checkbox"/>
U-10 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-11 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-12 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-13 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-14 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-15 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-16 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-17/18 1/1/1	S2	<input type="checkbox"/>	<input type="checkbox"/>	16	3	27min	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: _____
 International
 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 _____

Jeremy Perrison NM

Date 1/21/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

