



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

Chris Galme

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 Diemue Title Vice President Phone (914) 656-1331 W
 Address 1 Klank Hill Drive Email colleenoremouse@gmail.com Phone () _____ H
 City New Paltz State NY Zip Code 12561 Phone () _____ FAX
 State Association or Affiliate E.N.Y.S.A. Guest Referee Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sportszone TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games 2/18 + 2/19/25 Estimated # of Teams 90 - 100
 Tournament or Games Director or Contact Person Craig Weinstein Phone (914) 386-1513 W
 Address 9 Taylor Street Email newpaltzsc@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 type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4	\$425	<input type="checkbox"/>
U-10	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-11	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-12	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	25m	8	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-13	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-14	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-15	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-16	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-17	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-18	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	25m	7	<input checked="" type="checkbox"/>	4		<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 *Colleen Diemue* Date 9/24/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date _____

By _____ Title _____

EASTERN NEW YORK YOUTH SOCCER

10-8-24