



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

Please Type or Print Clearly - Do Not Staple

C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games FC Dutchmen Memorial Day Tournament Website URL: https://www.fcdutchmen.com/
 Hosting Organization FC Dutchmen Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization William Bogue Title Admin Phone () 5182100885 W
 Address 3290 marilyn st Email wjbsoccer23@gmail.com Phone () 5182100885 H
 City Schenectady State NY Zip Code 12303 Phone () _____ FAX
 State Association or Affiliate NYE Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Dicaprio Park E. Lydius Schenectady, NY 12303 TEAM ENTRY DEADLINE: 3/17/25
 Date(s) of Tournament or Games May 23, 24, 25 Estimated # of Teams 90
 Tournament or Games Director or Contact Person William Bogue Phone () 5182100885 W
 Address 3290 Marilyn St Email wjbsoccer23@gmail.com Phone () _____ H
 City Schenectady State NY Zip Code 12303 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/	Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	30	4 (on 2 fields)	<input type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 10 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	7	<input type="checkbox"/>	4	\$725	<input type="checkbox"/>
U- 12 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	9	<input type="checkbox"/>	4	\$825	<input type="checkbox"/>
U- 13 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	50	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U- 14 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	50	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U- 15 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	50	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U- 16 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	70	11	<input type="checkbox"/>	3	\$925	<input type="checkbox"/>
U- 17 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	70	11	<input type="checkbox"/>	3	\$925	<input type="checkbox"/>
U- 19 1/1/	Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	7	70	11	<input type="checkbox"/>	3	\$925	<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: _____
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 _____ Date _____

APPROVAL

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


3-28-25
[Handwritten Signature]

