



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

Hudson Valley Youth Soccer League, Inc.  
1906 Route 52, Suite 4  
Hopewell Junction, NY 12533

Please Type or Print Clearly Do Not Stamp

*Chris Gulonci*

### 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 Paul Scarpati Title President Phone ( ) 845-227-9593 W

Address 52 Dusinger Rd Email newpaltztsc@gmail.com Phone ( ) 845-283-5554 H

City Gardiner State NY Zip Code 12525 Phone ( )  FAX

State Association or Affiliate ENYSA Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Hudson Valley Sportsdome TEAM ENTRY DEADLINE:

Date(s) of Tournament or Games Feb 7 & 8 2026 Estimated # of Teams 90-100

Tournament or Games Director or Contact Person Stephanie Lyons Phone ( ) 807-227-8593 W

Address 52 Dusinger Rd Email newpaltztsc@gmail.com Phone ( )  H

City New Paltz State NY Zip Code  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	Band
U-9 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-10 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-11 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-12 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-13 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-14 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-15 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-16 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-17 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<input type="checkbox"/>
U-18 1/1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	7	<input checked="" type="checkbox"/>	4	425	<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

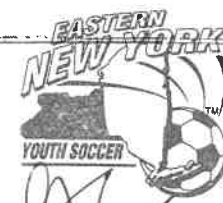
### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Date

Title



11-12-25