



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 RUSC Kickoff Classic Website URL: https://www.ruscny.org/kickoff-classic  
 Hosting Organization Rotterdam United Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec  
 Designate Official of Hosting Organization Scott Byrnes Title Vice President Phone ( ) \_\_\_\_\_ W  
 Address Tom Green Email rotterdamsoccer@gmail.com Phone ( ) \_\_\_\_\_ H  
 City Rotterdam State NY Zip Code 12306 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate Eastern NY Youth Soccer Association Guest Referees Applications Accepted ☐ Yes ☐ No  
 Location of Tournament or Games 100 Princetown rd **TEAM ENTRY DEADLINE:** 4/12/2026  
 Date(s) of Tournament or Games 4/24, 4/25, 4/26 Estimated # of Teams 100  
 Tournament or Games Director or Contact Person Scott Byrnes Phone ( ) 518-339-6224 W  
 Address Po Box 6021, 93 West Campbell Rd Email Scottbyrnes@live.com Phone ( ) \_\_\_\_\_ H  
 City Albany State NY Zip Code 12306 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/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	8	<input type="checkbox"/>	4	350	<input type="checkbox"/>
U- 09	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	7	<input type="checkbox"/>	4	375	<input type="checkbox"/>
U- 10	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	25	7	<input type="checkbox"/>	4	375	<input type="checkbox"/>
U- 12	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	25	9	<input type="checkbox"/>	4	425	<input type="checkbox"/>
U- 14	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	25	11	<input type="checkbox"/>	4	450	<input type="checkbox"/>
U- 16	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	34	11	<input type="checkbox"/>	4	500	<input type="checkbox"/>
U- 17	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	34	11	<input type="checkbox"/>	4	500	<input type="checkbox"/>
U- 18	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	34	11	<input type="checkbox"/>	4	500	<input type="checkbox"/>
U- 19	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	34	11	<input type="checkbox"/>	4	500	<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: \_\_\_\_\_  
☐ 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

Scott Byrnes

Date 12/13/2025

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_



1-8-26