



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

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

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Bethlehem Soccer Tournament Website URL: www.BSCNY.org
 Hosting Organization Bethlehem Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Scott Swere Title Club Manager Phone 518 821 2722 W
 Address P.O. Box 305 Email manager@bscny.org Phone () _____ H
 City Delmar State NY Zip Code 12054 Phone () _____ FAX
 State Association or Affiliate ENY4SA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Bethlehem Soccer Plex TEAM ENTRY DEADLINE: May 1st, 2026
 Date(s) of Tournament or Games May 16 & 17, 2026 Estimated # of Teams 30
 Tournament or Games Director or Contact Person Scott Swere Phone 518 821-2722 W
 Address P.O. Box 305 Email manager@bscny.org Phone () _____ H
 City Delmar State NY Zip Code 12054 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-10	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	36 min	7v7	<input checked="" type="checkbox"/>	4	400	<input type="checkbox"/>
U-12	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	36 min	9v9	<input checked="" type="checkbox"/>	4	450	<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<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 Swere Date 1-3-26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____ Date _____

Title _____ Date 2-20-26