



A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly - Do Not Staple

12/16/2013

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games NYS Empire Cup Tournament Website URL: www.cdysl.org

Hosting Organization CDYSL Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Kathleen Marco Title Director Phone 518-435-2325 W

Address March 13, 2014 Email April 4, 2014 Phone 518-859-1103 H

City Albany State _____ Zip Code _____ Phone 518-435-2328 FAX

State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Albany NY area **TEAM ENTRY DEADLINE:** May 16, 2014

Date(s) of Tournament or Games June 28 and 29, 2014 Estimated # of Teams 100

Tournament or Games Director or Contact Person Kathy Marco Phone 518-435-2325 W

Address 19 Aviation Road Email Kathy.Marco@cdysl.org Phone 518-859-1103 H

City Albany State NY Zip Code 12205 Phone 518-435-2328 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 8/11	S1-S4(7V7)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	14	<input checked="" type="checkbox"/>	4	500	<input type="checkbox"/>
U- 11 8/11	S1-S4(8V8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	16	<input checked="" type="checkbox"/>	4	650	<input type="checkbox"/>
U- 12 8/11	S1-S4(8V8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	216	<input checked="" type="checkbox"/>	4	650	<input type="checkbox"/>
U- 13 8/11	S1-S4(11V11)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	22	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 14 8/11	S1-S4(11V11)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	22	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 15 8/11	S1-S4(11V11)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	22	<input checked="" type="checkbox"/>	4	700	<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<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: US Club, AYSO, Just Say
- International Teams as listed: Canadian Teams

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

[Handwritten Signature]

Date 12/3/13

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *[Handwritten Signature]*

Date 12/17/2013

Title Officer

C.D.Y.S.L.
19 Aviation Road
Suite 10
Albany, NY 12205-1142