



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

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

Chris Gulbin

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Noe' Easter Website URL: Hudson Valley Sportsdomc.com
 Hosting Organization HVYSL Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Hudson Valley Youth Title _____ Phone 845 765 2849 W
 Address 1906 Route 52 Email Soccer@hvysl.org Phone () _____ H
 City Hopewell Junction State NY Zip Code 12533 Phone () _____ FAX
 State Association or Affiliate HVYSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sportsdomc - Milton N.Y. TEAM ENTRY DEADLINE: Feb 2, 2024
 Date(s) of Tournament or Games Feb 3 + Feb 4, 2024 Estimated # of Teams UNDER 100
 Tournament or Games Director or Contact Person Renee Rivera Phone () _____ W
 Address 240 Milton Turnpike Email Rivera@hvysl.org Phone () _____ H
 City Milton, N.Y. 12547 State _____ Zip Code 12547 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	S2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	27min	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-9 1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-10 1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-11 1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-12 1/1		<input type="checkbox"/>	<input type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-13 1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-14 1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-15 1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-16 1/1		<input type="checkbox"/>	<input type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-17 1/1	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	27m	7	<input checked="" type="checkbox"/>	4	\$400	<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

Renee Rivera

Date 1-18-2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Date _____

Title _____



1-25-24