



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

Please Type or Print Clearly - Do Not Staple

Chris Gulonci

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games The Hudson Valley Cup Website URL: HudsonValleySportsdowne.com
 Hosting Organization Highland United Soccer Club and HV Sportsdome Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jason Valentino Title VP Administration Phone 489-6460 W
 Address 117 Lily Lake Rd Email highlandunitedfc12528@gmail.com Phone () _____ H
 City Highland State NY Zip Code 12528 Phone () _____ FAX
 State Association or Affiliate HYSSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sportsdome TEAM ENTRY DEADLINE: 3/8/24
 Date(s) of Tournament or Games 3/9/24-3/10/24 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Jason F. Valentino Phone 489-6460 W
 Address 147 Weeds Mill Rd Email jasonfvale@comcast.net Phone () _____ H
 City Highland State NY Zip Code 12528 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	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	27 min	8	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U-9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14			8	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-15		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-16		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16			7	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U-17-18	S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	27	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 *[Signature]* Date 1/28/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____

