



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 Rotterdam Kickoff classic Website URL ruscny.org
 Hosting Organization Rotterdam United Soccer club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Bob DiBella Title Board Member Phone 518 356 0734 W
 Address 2048 Carleton Rd Email bobdi@rusc.org Phone () _____ H
 City Schenectady State NY Zip Code 12303 Phone () _____ FAX
 State Association or Affiliate ENYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games 100 Princetown Rd - Behind School TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games April 19-21, 2024 Estimated # of Teams 75-100
 Tournament or Games Director or Contact Person Scott Byrne S Phone () 518-339-6224 W
 Address 318 Shelley lane Email scottbyrnes@hve.com Phone () _____ H
 City Rotterdam 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 1/1/1	51, 52, 53, 54, RT	<input type="checkbox"/>	<input type="checkbox"/>	14	3	25	4	<input type="checkbox"/>	4	325/375 late	<input type="checkbox"/>
U-9 1/1/1	51, 52, 53, 54, RT	<input type="checkbox"/>	<input type="checkbox"/>	14	3	25	7	<input checked="" type="checkbox"/>	4	325/375 late	<input type="checkbox"/>
U-10 1/1/1	↓	<input type="checkbox"/>	<input type="checkbox"/>	14	3	25	7	<input checked="" type="checkbox"/>	4	325/375 late	<input type="checkbox"/>
U-11 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	18	7	25	9	<input checked="" type="checkbox"/>	4	350/425 late	<input type="checkbox"/>
U-12 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	18	3	25	9	<input checked="" type="checkbox"/>	4	350/425 late	<input type="checkbox"/>
U-13 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	22	3	25	11	<input checked="" type="checkbox"/>	4	400/450 late	<input type="checkbox"/>
U-14 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	22	3	25	11	<input checked="" type="checkbox"/>	4	400/450 late	<input type="checkbox"/>
U-15 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	22	3	33	11	<input checked="" type="checkbox"/>	4	500/550 late	<input type="checkbox"/>
U-16 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	22	3	33	11	<input checked="" type="checkbox"/>	4	500/550 late	<input type="checkbox"/>
U-17/18 1/1/1		<input type="checkbox"/>	<input type="checkbox"/>	22	3	33	11	<input checked="" type="checkbox"/>	4	500/550 late	<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

Bob DiBella

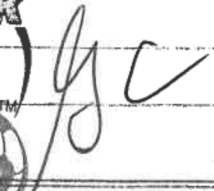
11/8/23

Date 11/8/23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

EASTERN NEW YORK
 Date _____
 Title _____

12-15-23