



US Youth Soccer

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games _____ Website URL: _____

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

Designate Official of Hosting Organization _____ Title _____ Phone _____ W

Address _____ Email _____ Phone _____ H

City _____ State _____ Zip Code _____ Phone _____ FAX

State Association or Affiliate _____ Guest Referees Applications Accepted Yes No

Location of Tournament or Games _____ **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games _____ Estimated # of Teams _____

Tournament or Games Director or Contact Person _____ Phone _____ W

Address _____ Email _____ Phone _____ H

City _____ State _____ Zip Code _____ 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/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<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 – US Youth Soccer Members and Affiliates only.

Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____

Foreign 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 _____ Date _____

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date _____

By Brianna Nordone _____ Title _____

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

{Referee Association Letterhead}

Date July 9, 2024

Bri Nardone
Tournament Administrator
Maryland State Youth Soccer Association
3060 Rt 97, Suite 178
Glenwood, MD 21738

Dear Bri:

Maryland United Annapolis Cup 2024 has selected *the MD Soccer or Barry Lawrence* to provide referees for its "*Maryland United Annapolis Cup 2024*" to be held on the weekend of August 17 & 18 2024, in the *Anne Arundel County and Prince Georges County* areas.

Barry Lawrence certifies to MSYSA and the United States Soccer Federation that all of the referees assigned to the tournament matches will be USSF registered referees. All matches assigned by *Barry Lawrence* will employ either the diagonal system of control or a single center referee as appropriate for the age group, in accordance with our contract. A total of *130* matches will be assigned which represent *100%* of the total anticipated games to be played as part of this tournament.

Please contact me at *443-527-5863*, if you have any questions or concerns regarding assigning this Tournament.

Sincerely,

Barry Lawrence

Barry Lawrence
Title MD Assignor

cc: *Ian Aubrey*