



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-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/	<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** –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: \_\_\_\_\_
- International
- 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 1/13/2025

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

MSYSA

Date Jan 29, 2025

By Brianna Nordone

Title Marketing Manager



## **CAPITOL AREA SOCCER REFEREES ASSOCIATION**

Mark Jennings,  
Exec. Director  
12810 Meadowbrook Ln  
Waldorf, MD 20601  
(301) 503-3533 (Cell)  
casramanager@gmail.com

January 14, 2025

Bri Nardone  
Tournament Administrator  
Maryland State Youth Soccer Association  
3060 Rt 97, Suite 17B  
Glenwood, MD 21738

Dear Bri:

Elite Tournaments has selected the Capital Area Soccer Referees Association, Inc. to provide referees for its **“Amanda Post Memorial Tournament”** to be held on the weekend of March 7-8, 2025. CASRA's assignor for this tournament is Melissa (Missy) Lambert who is a 2025 USSF Certified Assignor.

CASRA certifies to MSYSA and the United States Soccer Federation that all the referees assigned to the tournament matches will be USSF registered referees. All matches assigned by CASRA 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 300 matches will be assigned which represents 100% of the total anticipated games for the Tournament.

Please contact me at (301) 503-3533, if you have any questions or concerns regarding assigning this Tournament.

Sincerely yours,

*Mark A Jennings*

Mark A Jennings  
Executive Director

Assignor:

*Melissa Lambert*

Melissa Lambert

cc: Colin Sporer, Tournament Director  
cc: Melissa Lambert, CASRA Assignor