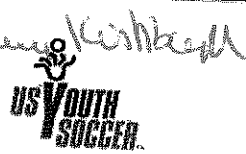




Please Type or Print Clearly - Do Not Staple

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

24/2014
C.D.Y.S.L.
19 Aviation Road
Suite 10
Albany, NY 12205-1142



APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Mad Dog Mania Showcase Tournament Website URL: maddogmania.com

Hosting Organization Halfmoon Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization John Daniels Title President Phone 518 383-0991 W

Address 6 Corporate Drive Email john@sportsplexofhalfmoon.com Phone () _____ H

City Halfmoon State NY Zip Code 12065 Phone () _____ FAX

State Association or Affiliate Eastern NY Guest Referees Applications Accepted Yes No

Location of Tournament or Games Saratoga Springs, NY **TEAM ENTRY DEADLINE:** May 15, 2104

Date(s) of Tournament or Games June 28 & 28, 2014 Estimated # of Teams 120

Tournament or Games Director or Contact Person Nancy Stangle Phone 518 744-7053 W

Address 3 Iroquois Drive Email nstangle@maddogmania.com Phone 518 745-1462 H

City Queensbury State NY Zip Code 12804 Phone 518 745-1462 FAX

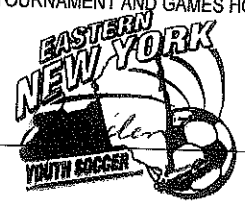
Age Groups Accepted	Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-17 8/1/	96 51, 52, 53, 54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	UNLIMITED	55 MIN	11	<input type="checkbox"/>	4	\$945.00	<input type="checkbox"/>
U-16 8/1/	97 51, 52, 53, 54	<input type="checkbox"/>	<input type="checkbox"/>	18	UNLIMITED	55 MIN	11	<input type="checkbox"/>	4	\$945.00	<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 - 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
- International Teams as listed: _____
- Other US Soccer Members as listed: US Club, Just Say Soccer, AYSO

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 1/22/14

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Joanne M. Roth

Date 2/4/2014
Title officer

RECEIVED

CDYSL