



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 Champions Cup Website URL: cjsl.soccer.com
 Hosting Organization CJSL Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Dimitrie Draguca Title CJSL Director Phone (46) 373-5443 W
 Address 850 62nd St Email dimitried@cjsl.soccer.com Phone () _____ H
 City Brooklyn State NY Zip Code 11220 Phone () _____ FAX
 State Association or Affiliate ENYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games World Class FC Soccer Complex **TEAM ENTRY DEADLINE:** June 17, 2023
 Date(s) of Tournament or Games June 24-25, 2023 Estimated # of Teams 75
 Tournament or Games Director or Contact Person Dimitrie Draguca 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- 9 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | None | 60 | 7 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 10 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | None | 60 | 7 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 11 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 60 | 9 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 12 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 70 | 9 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 13 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 70 | 11 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 14 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 70 | 11 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 15 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 40 | 11 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 16 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 40 | 11 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- 17 | 51, 52, 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | None | 45 | 11 | <input checked="" type="checkbox"/> | 1 | \$0 | <input type="checkbox"/> |
| U- | | <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: _____
- 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 _____

APPROVED CJSL 7/14/2022

D. Draguca Date

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____

By _____



Date _____
 7/27/22