



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 Discovery Cup Website URL: Discoverycup.com

Hosting Organization Maryland Soccer Foundation Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Matt Libber Title Executive Director Phone (301) 528-1480 W

Address 18031 Central Park Circle Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ H

City Boyd State MD Zip Code 20841 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate Maryland State Youth Soccer Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Maryland SoccerPlex TEAM ENTRY DEADLINE: August 31, 2019

Date(s) of Tournament or Games October 12-13, 2019 Estimated # of Teams 220

Tournament or Games Director or Contact Person Louise Waster Phone (301) 528-1480 W

Address 18031 Central Park Circle Email director@discoverycup.com Phone ( ) \_\_\_\_\_ H

City Boyd State MD Zip Code 20841 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 1/1/ 11	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60	7	<input checked="" type="checkbox"/>	3	\$775	<input type="checkbox"/>
U- 10 1/1/ 10	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	60	7	<input checked="" type="checkbox"/>	3	\$790	<input type="checkbox"/>
U- 11 1/1/ 09	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$875	<input type="checkbox"/>
U- 12 1/1/ 08	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$875	<input type="checkbox"/>
U- 13 1/1/ 07	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60	11	<input checked="" type="checkbox"/>	3	\$990	<input type="checkbox"/>
U- 14 1/1/ 06	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	\$990	<input type="checkbox"/>
U- 15 1/1/ 05	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$1,020	<input type="checkbox"/>
U- 16 1/1/ 04	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$1,020	<input type="checkbox"/>
U- 17 1/1/ 03	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$1,100	<input type="checkbox"/>
U- 19 1/1/ 01	S1, S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$1,100	<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.
- UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: US Club Soccer
- 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

*Matt Libber*

Date 5/14/19

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

MSYSA

Date 5/15/19

By G. FRENCH

Title PROGRAM DIRECTOR

May 13, 2019

Gandalf French  
Tournament Host Administrator & Program Administrator Maryland  
State Youth Soccer Association  
3221 5th Ave. SE,  
Glen Burnie, MD 21061

Dear Gandalf,

Louise Waxler, Tournament Director for the "**Discovery Cup**", has selected the Capital Area Soccer Referees Association, Inc. to provide referees for "**Discovery Cup**" to be held the weekend of October 12-13, 2019. CASRA's lead assignor for this tournament is Missy Lambert.

CASRA certifies to MSYSA and the United States Soccer Federation that all of the referees assigned to the tournament matches will be USSF registered referees or properly accredited foreign referees in accordance with USSF Rules.

CASRA has a large enough referee pool of qualified referees to cover the entire tournament. 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.

Please contact me at (443) 789-4568, if you have any questions or concerns regarding this matter.

Sincerely yours,

*Robin Miller*

Robin Miller  
Executive Director

cc: Louise Waxler, Tournament Director