



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: www.discoverycup.com
 Hosting Organization Maryland Soccer Foundation Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization TBD Title _____ 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
 State Association or Affiliate Maryland State Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Maryland SoccerPlex **TEAM ENTRY DEADLINE:** September 1, 2009
 Date(s) of Tournament or Games October 10-12, 2009 Estimated # of Teams 180
 Tournament or Games Director or Contact Person TBD Phone () _____ W
 Address Same as Above 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- 10 8/1/ 99	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	40	7	<input type="checkbox"/>	4	\$ 600	<input type="checkbox"/>
U- 11 8/1/ 98	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	\$ 600	<input type="checkbox"/>
U- 12 8/1/ 97	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	\$ 600	<input type="checkbox"/>
U- 13 8/1/ 96	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	\$ 800	<input type="checkbox"/>
U- 14 8/1/ 95	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	\$ 800	<input type="checkbox"/>
U- 15 8/1/ 94	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	\$ 800	<input type="checkbox"/>
U- 16 8/1/ 93	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	\$ 800	<input type="checkbox"/>
U- 17 8/1/ 92	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$ 800	<input type="checkbox"/>
U- 19 8/1/ 90	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$ 800	<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.

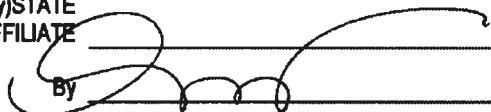
- RT RESTRICTED TOURNAMENT -Open only to members of US Youth Soccer and its State Associations.
 Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT International Other US Soccer Members 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 _____ Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By 

Date 9 MARCH 09

Title EXECUTIVE DIRECTOR