



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 Louise Waxler Title Tournament Director 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 Assoc. Guest Referees Applications Accepted Yes No

Location of Tournament or Games Maryland SoccerPlex **TEAM ENTRY DEADLINE:** August 19, 2011

Date(s) of Tournament or Games October 8-10, 2011 Estimated # of Teams 280

Tournament or Games Director or Contact Person Louise Waxler / Jane Williams Phone () _____ W

Address Same as above Email jwilliams@mdsoccerplex.org 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 01	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	40	7	<input type="checkbox"/>	3	625	<input type="checkbox"/>
U- 11 8/1 00	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 12 8/1 99	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14 or 18	3	50	8 OR 11	<input checked="" type="checkbox"/>	3	625 OR 850	<input type="checkbox"/>
U- 13 8/1 98	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 14 8/1 97	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 15 8/1 96	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 16 8/1 95	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 17 8/1 94	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 18 8/1 93	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U- 19 8/1 92	S1, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	850	<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

Date 3/28/11

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date 4/5/11

By Marie Langford

Title Executive Director