



Please Type or Print Clearly - Do Not Staple

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

C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142



APPLICATION TO HOST A TOURNAMENT OR GAMES

Ryan McKinley

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

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

Designate Official of Hosting Organization Ryan McKinley Title President Phone () 518 409-2711 W

Address PO Box 2242 Email ryan.mckinley.bssc@gmail.com Phone () 518 409-2711 H

City Ballston Spa State NY Zip Code 12020 Phone () 518 745-1462 FAX

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

Location of Tournament or Games Gavin Park & PBA Fields, Saratoga NY **TEAM ENTRY DEADLINE: May 14, 2016**

Date(s) of Tournament or Games June 25 & 26, 2016 Estimated # of Teams 130

Tournament or Games Director or Contact Person Nancy Stangle Phone () 518 745-1462 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

**Name of M.D., Doctor of Osteopathy, or Health Care Professional Certified in Concussion Training: _____ Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ Phone () _____ FAX

****For ALL Tournaments with 64 or more teams (excluding U10s and under), a medical professional must be onsite.**

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- 16 8/1/ 99	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 minutes	11	<input type="checkbox"/>	4	\$1075	<input type="checkbox"/>
U- 17 8/1/ 98	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 minutes	11	<input type="checkbox"/>	4	\$1075	<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 (Open to all Federation affiliated participants) US Soccer Members as listed: _____

International Teams as listed: TBD

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

Ryan McKinley

Date 2/23/16

APPROVAL



ANNYSA

Date _____

By Arthura Stenwood Title office

