



C.D.Y.S.L.  
19 Aviation Road  
Suite 9



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

Albany, NY 12205-1142

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Jingle Bell Cup Website URL www.saratogawiltonsoccerclub.com  
 Hosting Organization Saratoga Wilton SC Type of Tournament Select  Recreational  Select & Rec   
 Designate Official of Hosting Organization Wendy Blatchford Title Tournament Coord. Phone ( ) \_\_\_\_\_ W  
 Address P.O. Box 1292 Email JingleBellCup@saratogawiltonsoccerclub.com  
 City Saratoga Springs State NY Zip Code 12866 Phone ( ) \_\_\_\_\_ FAX \_\_\_\_\_  
 State Association or Affiliate ENYYSA Guest Referee Applications Accepted Yes  No   
 Location of Tournament or Games AdK Sports Complex 326 Upper Sherman Ave, Albany TEAM ENTRY DEADLINE: \_\_\_\_\_  
 Date(s) of Tournament or Games Director or Contact Person Sat Dec. 1 + Sun Dec. 2 Phone 24, 597-4573  
 Address 17 Huntington Ct Email \_\_\_\_\_ Phone 518, 306-4310 H  
 City Saratoga Springs State NY Zip Code 12866 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- 11 1/1/ 08	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	30 min Grass field	6	<input checked="" type="checkbox"/>	4	\$350	<input type="checkbox"/>
U- 12 1/1/ 07	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	30 min Grass field	6	<input checked="" type="checkbox"/>	4	\$350	<input type="checkbox"/>
U- 13 1/1/ 06	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	30 min Grass field	6	<input checked="" type="checkbox"/>	4	\$350	<input type="checkbox"/>
U- 14 1/1/ 05	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	3	30 min Grass field	6	<input checked="" type="checkbox"/>	4	\$350	<input type="checkbox"/>
U- U11 1/1/ 08	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U- U12 1/1/ 07	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U- U13 1/1/ 06	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U- U14 1/1/ 05	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U- U15 1/1/ 04	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U- U16 1/1/ 03	S1,2,3,4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	30 min Half field	8	<input checked="" type="checkbox"/>	4	\$600	<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: US Club, USSoccer, Super Y, NYSO

International 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 Wendy Blatchford

DATE 7-10-2018

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature]  
By ENYYSA

Date 9-18-18

Title office

