



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

Travel
1

Name of Tournament or Games 28th Annual Clarence Classic Website URL: www.clarencesoccer.org
 Hosting Organization Clarence Soccer Club Type of Tournament ☒ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Doug Curella Title Executive Director Phone () 432-2580 W
 Address 9278 Kristina Circle Email djcurella@gmail.com Phone () _____ H
 City Clarence Center State NY Zip Code 14032 Phone () _____ FAX
 State Association or Affiliate NYSW Guest Referees Applications Accepted ☐ Yes ☒ No
 Location of Tournament or Games Clarence NY TEAM ENTRY DEADLINE: June 1, 2024
 Date(s) of Tournament or Games July 19-21, 2024 Estimated # of Teams 130
 Tournament or Games Director or Contact Person Doug Curella Phone () _____ W
 Address 9278 Kristina Circle Email djcurella@gmail.com Phone () _____ H
 City Clarence Center State NY Zip Code 14031 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 1/1/ <i>52/53</i>	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 11 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 12 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 13 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 14 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 15 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 16 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 17 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 19 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 8/9 1/1/	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	9	<input type="checkbox"/>	3	400	<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: _____

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

Doug Curella

Date

10-4-23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

New York State West Youth Soccer Assoc

Date 12/03/2023

By

Pam Whitcomb

Title

Operations Manager



APPROVED