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Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Columbia Fall Classic Website URL: www.elitetournaments.com
 Hosting Organization SAC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Craig Blackburn Title President Phone (443) 542-9649 W Address
4560 Centennial Lane Email cblackburncoo@sachc.org Phone () _____ H
 City Ellicott City State MD Zip Code 21042 Phone () _____ FAX
 State Association or Affiliate MSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Columbia, MD **TEAM ENTRY DEADLINE:** October 16, 2020 (B);
October 23, 2020 (G)
 Date(s) of Tournament or Games November 14-15 (Boys), November 21-22 (Girls), 2020 Estimated # of Teams 650
 Tournament or Games Director or Contact Person Mike Libber Phone (443) 542-9649 W
 Address PO Box 54 Email milibber@elitetournaments.com Phone () _____ H City
 West Friendship State MD Zip Code 21794 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- 8 1/1/ 13	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	50	7	<input checked="" type="checkbox"/>	3	\$780	<input type="checkbox"/>
U- 9 1/1/ 12	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	50	7	<input checked="" type="checkbox"/>	3	\$780	<input type="checkbox"/>
U- 10 1/1/ 11	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	6	50	7	<input checked="" type="checkbox"/>	3	\$780	<input type="checkbox"/>
U- 11 1/1/ 10	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	\$805	<input type="checkbox"/>
U- 12 1/1/ 09	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	\$805	<input type="checkbox"/>
U- 13 1/1/ 08	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	\$880	<input type="checkbox"/>
U- 14 1/1/ 07	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	\$880	<input checked="" type="checkbox"/>
U- 15 1/1/ 06	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	60	11	<input checked="" type="checkbox"/>	3	\$905	<input checked="" type="checkbox"/>
U- 16 1/1/ 05	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	\$905	<input checked="" type="checkbox"/>
U- 17 1/1/ 04	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	\$930	<input checked="" type="checkbox"/>
U- 18 1/1/ 03	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	\$930	<input checked="" type="checkbox"/>
U- 19 1/1/ 02	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	\$930	<input checked="" 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 Soccer
 International
 Teams as listed: All CONCACAF Associations Welcome

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 3/18/2020

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE MSYSA

Date 10/9/2020

By G FRENCH

Title PROGRAMS DIRECTOR

May 7, 2020

To whom it may concern:

I will be the referee assignor for the Columbia Fall Classic Tournaments on (Boys) November 14-15, 2020 and (Girls) November 21-22, 2020. I currently possess current USSF status as an Assignor, State Assessor, State Referee and Associate Instructor. We will also use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country). There will also be adequate number of US Soccer registered referees available in the area during the tournament or games dates to cover the scheduled games.

Proper documentation can be provided upon request to support the above statement.

I can be reached via email to answer any questions or concerns.

Regards,

Mark Jennings

mark0159@outlook.com