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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Mid-Atlantic Cup Website URL: www.midatlanticcupmd.gotspot.com
 Hosting Organization Soccer Association of Montgomery Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Matt Libber Title Executive Director Phone (301) 528-1480 W
 Address 18031 Central Park Circle Email Mlibber@mdsoccerplex.org Phone () _____ H
 City Boys State MD Zip Code 20841 Phone () _____ FAX
 State Association or Affiliate MSYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Maryland SoccerPlex, Boyds Maryland **TEAM ENTRY DEADLINE:** May 12, 2019
 Date(s) of Tournament or Games June 7-9, 2019 Estimated # of Teams 160
 Tournament or Games Director or Contact Person Robert Purkey Phone (240) 876-0532 W
 Address 18031 Central Park Circle Email MACdirector@mdsoccerplex.org Phone () _____ H
 City Boys State MD Zip Code 20841 Phone (301) 540-4276 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- 9 2010	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	6	50	7	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 10 2009	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	6	50	7	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 11 2008	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 12 2007	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	6	50	9	<input checked="" type="checkbox"/>	3	675	<input type="checkbox"/>
U- 13 2006	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	60	11	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 14 2005	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	30	11	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 15 2004	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 16 2003	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 17 2002	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 18 2001	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 19 2000	S1,S2,S3,RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	70	11	<input checked="" type="checkbox"/>	3	775	<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.
 TOURNAMENT **UT UNRESTRICTED** Other US Soccer Members as listed: USYS, US Club Soccer
 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

X M Libber

Date 1/25/19

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

MSYSA

Date 1/28/19

By G. FRENCH

Title PROGRAMS DIRECTOR



CAPITOL AREA SOCCER REFEREES ASSOCIATION

Robin Miller, Exec. Director
1817 Emory Road
Reisterstown, MD
21136
(443) 789-4568 (Cell)
casramanager@gmail.com

January 18, 2019

Gandalf French
Tournament Host Administrator & Program Administrator
Maryland State Youth Soccer Association
3221 5th Ave. SE,
Glen Burnie, MD 21061

Dear Gandalf,

Robert Purkey, Tournament Director has selected the Capital Area Soccer Referees Association, Inc. to provide referees for "**Mid-Atlantic Cup**" to be held June 7-9, 2019. CASRA's lead assignor for this tournament is Missy Lambert.

CASRA certifies to MSYSA and the United States Soccer Federation that all of the referees assigned to the tournament matches will be USSF registered referees or properly accredited foreign referees in accordance with USSF Rules.

CASRA has a large enough referee pool of qualified referees to cover the entire tournament. All matches assigned by CASRA will employ either the diagonal system of control or a single center referee as appropriate for the age group, in accordance with our contract.

Please contact me at (443) 789-4568, if you have any questions or concerns regarding this matter.

Sincerely yours,

Robin Miller

Robin Miller
Executive Director

cc: Robert Purkey, Tournament Director