



# US Youth Soccer

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

Name of Tournament or Games BVB Cup Website URL: mdslsoccer.com

Hosting Organization MD Developmental Soccer League Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Justin Reid Title Tournament Director Phone 301 613-9065 W

Address PO Box 302 Email jreid@mdslsoccer.com Phone ( ) \_\_\_\_\_ H

City Sandy Spring State MD Zip Code 20860 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate MD Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games MD Soccerplex TEAM ENTRY DEADLINE: August 1, 2025

Date(s) of Tournament or Games August 23-24, 2025 Estimated # of Teams 150

Tournament or Games Director or Contact Person Justin Reid Phone 301 613-9065 W

Address PO Box 302 Email jreid@mdslsoccer.com Phone ( ) \_\_\_\_\_ H

City Sandy Spring State MD Zip Code 20860 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 8/1/ 18	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 9 8/1/ 17	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 10 8/1/ 16	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U- 11 8/1/ 15	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	7	60	18	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U- 12 8/1/ 14	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	7	60	18	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U- 13 8/1/ 13	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<input type="checkbox"/>
U- 14 8/1/ 12	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<input type="checkbox"/>
U- 15 8/1/ 11	SI, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<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 – US Youth Soccer Members and Affiliates only.
- ☐ Team will be restricted to teams within the national state association ☐ Teams will be invited from all US Youth State Associations/Affiliates only.
- ☒ UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: \_\_\_\_\_
- ☐ Foreign 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 \_\_\_\_\_

Date 12/2/24

### APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ MSYSA \_\_\_\_\_ Date \_\_\_\_\_ December 9, 2024

By Brianne Norbone Title Marketing Manager

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

Keyan Mohtashemi  
USSF Assignor  
240-606-2360  
keyan7@gmail.com

December 2, 2024

Maryland State Youth Soccer Association  
Maryland Developmental Soccer League  
League Manager - Justin Reid

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

Dear Administrator:

MDSL League and Tournament Director Justin Reid, has selected me to provide referees for its "2025 MDSL Fall Classic" to be held on the weekend of October 12-13, 2025.

I certify 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.

I have a large enough referee pool of qualified referees to cover the entire tournament. All matches assigned will employ only the diagonal system of control or, as appropriate for younger age groups, a single center referee in accordance with our agreement.

Please contact me at 240-606-2360 if you have any questions or concerns regarding this matter.

Sincerely,



Keyan Mohtashemi  
USSF Assignor



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

Name of Tournament or Games MD Premier Cup Website URL: www.mdslsoccer.com/premiercup  
Hosting Organization Maryland Developmental Soccer League Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization Justin Reid Title Tournament Director Phone ( ) 301-613-9065 W  
Address PO Box 302 Email info@mdslsoccer.com Phone ( ) \_\_\_\_\_ H  
City Sandy Spring State MD Zip Code 20860 Phone ( ) \_\_\_\_\_ FAX  
State Association or Affiliate Maryland Guest Referees Applications Accepted ☒ Yes ☐ No  
Location of Tournament or Games Maryland Soccerplex **TEAM ENTRY DEADLINE:** August 1, 2025  
Date(s) of Tournament or Games August 23-24, 2025 Estimated # of Teams 150  
Tournament or Games Director or Contact Person Justin Reid Phone ( ) \_\_\_\_\_ W  
Address PO Box 302 Email jreid@mdslsoccer.com Phone ( ) \_\_\_\_\_ H  
City Sandy Spring State MD Zip Code 20860 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/	18	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U-	9	1/1/	17	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U-	10	1/1/	16	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	7	50	14	<input checked="" type="checkbox"/>	3	\$895	<input type="checkbox"/>
U-	11	1/1/	15	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	7	60	18	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U-	12	1/1/	14	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	7	60	18	<input checked="" type="checkbox"/>	3	\$995	<input type="checkbox"/>
U-	13	1/1/	13	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<input type="checkbox"/>
U-	14	1/1/	12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<input type="checkbox"/>
U-	15	1/1/	11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	7	70	22	<input checked="" type="checkbox"/>	3	\$1,125	<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<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** Other US Soccer Members as listed: \_\_\_\_\_
- ☐ 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

Justin Reid

Date 6/11/25

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

MSYSA

Date June 12, 2025

By

Briana Nardone

Title

Marketing Manager