



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 _____ Website URL: _____

Hosting Organization _____ Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization _____ Title _____ Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ Phone () _____ FAX

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

Location of Tournament or Games _____ **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games _____ Estimated # of Teams _____

Tournament or Games Director or Contact Person _____ Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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/	<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"/>
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"/>
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"/>
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"/>
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 _____

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____

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.



CAPITOL AREA SOCCER REFEREES ASSOCIATION

Mark Jennings,
Exec. Director
12810 Meadowbrook Ln
Waldorf, MD 20601
(301) 503-3533 (Cell)
casramanager@gmail.com

May 29, 2025

Bri Nardone
Tournament Administrator
Maryland State Youth Soccer Association
3060 Rt 97, Suite 17B
Glenwood, MD 21738

Dear Bri:

Potomac Soccer Association has selected the Capital Area Soccer Referees Association, Inc. to provide referees for its **"Discovery Cup 2025 Tournament"** to be held on the weekend of October 11-12, 2025. CASRA's assignor for this tournament is Melissa (Missy) Lambert who is a 2025 USSF Certified Assignor.

CASRA certifies to MSYSA and the United States Soccer Federation that all the referees assigned to the tournament matches will be USSF registered referees. 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. A total of 400 matches will be assigned which represents 100% of the total anticipated games for the Tournament.

Please contact me at (301) 503-3533 or Missy Lambert at (301-213-1614), if you have any questions or concerns regarding assigning this Tournament.

Sincerely yours,

Mark A Jennings

Mark A Jennings
Executive Director

Assignor:

Melissa Lambert

Melissa Lambert

cc: Kathy Hauschild, Tournament Director
cc: Melissa (Missy) Lambert, CASRA Assignor