



Chris Gulru

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Beekman Cup Website URL: www.beekmansoccer.com

Hosting Organization Beekman Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Jim Bohrman Title Beekman Cup Director Phone () 845-548-6773 W

Address P.O. Box 461 Email beekmancupdirector@beekmancup.com Phone () _____ H

City Poughquag State NY Zip Code 12570 Phone () _____ FAX

State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Beekman, NY TEAM ENTRY DEADLINE: _____

Date(s) of Tournament or Games October 7 & October 8, 2023 Estimated # of Teams 90

Tournament or Games Director or Contact Person Jim Bohrman Phone () 845-548-6773 W

Address P.O. Box 461 Email president@beekmansoccer.com Phone () _____ H

City Poughquag State NY Zip Code 12570 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- 9	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 10	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 11	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 12	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 13	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 14	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 15	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 16	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 8	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3	450	<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.

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 *Jim Bohrman*

Date 8/10/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____



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8-15-23