



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Hempfield Fall Classic - Boys Weekend Website URL: https://pennlegacy.org/tournament

Hosting Organization Pennsylvania Classics AC/Penn Legacy (DBA) Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Mike Henning Title VP, Tournaments Phone () 717-343-9978 W

Address PO Box 201 Email HempfieldFCTournament@gmail.com Phone () H

City East Petersburg State PA Zip Code 17520 Phone () FAX

State Association or Affiliate Eastern Pennsylvania Youth Soccer Assoc Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Lancaster County, PA **TEAM ENTRY DEADLINE: October 24, 2025**

Date(s) of Tournament or Games Nov 22 and 23, 2025 (additionally potential 2 short games indoors on Fri evening for exhibition) Estimated # of Teams 250 teams

Tournament or Games Director or Contact Person Sarah Thomas Phone () 717-917-8652 W

Address PO Box 201 Email HempfieldFCTournament@gmail.com Phone () H

City East Petersburg State PA Zip Code 17520 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-	09	1/1/	18-17	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	14	5	50	7	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U-	10	1/1/	16	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	14	5	50	7	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U-	11	1/1/	15	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	18	5	50	9	<input type="checkbox"/>	3	825	<input type="checkbox"/>
U-	12	1/1/	14	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	18	5	50	9	<input type="checkbox"/>	3	825	<input type="checkbox"/>
U-	13	1/1/	13	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	18	7	60	11	<input type="checkbox"/>	3	860	<input type="checkbox"/>
U-	14	1/1/	12	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	18	7	60	11	<input type="checkbox"/>	3	860	<input type="checkbox"/>
U-	15	1/1/	11	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	22	7	60	11	<input type="checkbox"/>	3	975	<input type="checkbox"/>
U-	16	1/1/	10	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	22	7	60	11	<input type="checkbox"/>	3	975	<input type="checkbox"/>
U-	17	1/1/	09	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	22	7	60	11	<input type="checkbox"/>	3	975	<input type="checkbox"/>
U-	18/19	1/1/	07&08	S1, S2, S3, S4 - UT	<input type="checkbox"/>	<input type="checkbox"/>	22	7	60	11	<input type="checkbox"/>	3	975	<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: U S Club, SAYS, AYSO, USSSA, USYS
- ☐ 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

Michael Henning

Date 01/29/25

APPROVAL

(For Official Use Only)STATE ASSOCIATION OR AFFILIATE

Eastern PA Youth Soccer Assoc.

Date 02/03/2025

By Leo Kelly

Title Director of Operations