



US Youth Soccer
A Proud Member of US Soccer



APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: **35th Annual Hempfield Fall Classic with College Showcase: Boys and Girls Weekend**

Hosting Organization: **Penn Legacy/PA Classics**

Website: **pennlegacy.org/tournament**

Designate Official of Hosting Organization: **Ryan Mowery**

Title: **Vice President**

Address: **PO Box 201, East Petersburg PA 17520**

Telephone: **717-859-8191 (H)** Email: **tournament@pennlegacy.org**

State Association or Affiliate: **Eastern Pennsylvania Youth Soccer Association**

Location of Tournament or Games: **Lancaster County, PA**

Date(s) of Tournament or Games: **11/21/2020 - 11/22/2020** Team Entry Deadline: **10/21/2020**

Estimated Number of Teams: **500**

Address of Field (Tournament Headquarters): **Classics Park 1461 Lancaster Road, Manheim PA 17545**

Tournament or Games Director or Contact Person: **SARAH THOMAS**

Address: **PO Box 201, East Petersburg PA 17520**

Telephone: **7178508191 (W)** Email: **tournament@pennlegacy.org**

Age Groups Accepted	Type(s) of Team Accepted	Gender	Roster Size	# Guest Players Allowed	Length of Games	Ball Size	Awards	Min # of Games	Entry Fee
U09	ABFGHJ	M F	14	5	50	4	1st, 2nd	3	695
U10	ABFGHJ	M F	14	5	50	4	1st, 2nd	3	695
U11	ABFGH	M F	18	5	50	4	1st, 2nd	3	795
U12	ABFGH	M F	18	5	50	4	1st, 2nd	3	795
U13	ABFGH	M F	18	5	60	5	1st, 2nd	3	825
U14	ABFGH	M F	18	5	60	5	1st, 2nd	3	825
U15	ABFGH	M F	22	7	60	5	1st, 2nd	3	925
U16	ABFGH	M F	22	7	60	5	1st	3	925
U17	ABFGH	M F	22	7	60	5	1st	3	925
U18	ABFGH	M F	22	7	60	5	1st	3	925
U19	ABFGH	M F	22	7	60	5	1st	3	925

Teams will be invited from: **All US Youth Soccer State Associations, Other US Soccer Member Organizations (List Below)**

****Foreign Teams/State Associations/Affiliates/Other US Soccer Members: Open Event: US Club Soccer, SAY, etc Note: Event also includes optional college showcase exhibition games to be held on Nov 20 for U16 and older players at Spooky Nook Lanco facility or outdoor turf fields.**

Designate Official of Hosting Organization: _____

Date: 7/29/20

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[Signature]

APPROVAL
(For Official Use Only)

STATE _____
ASSOCIATION OR AFFILIATE: EASTERN PA YOUTH SOCCER Date: 28 JUL 20

By: [Signature]

Title: DIRECTOR OF SOCCER DEV & REG.