



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 2026 Amanda Post Memorial Tournament Website URL: https://elitetournaments.com/tournaments/amanda-post-memorial-soccer-tournament/

Hosting Organization Soccer Association of Columbia (SAC) Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Craig Blackburn Title Executive Director Phone () _____ W

Address 4560 Centennial Ln Email cblackburncoo@sachc.org Phone () _____ H

City Ellicott City State MD Zip Code 21042 Phone () _____ FAX

State Association or Affiliate MSYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Howard County and Frederick County, MD **TEAM ENTRY DEADLINE:** February 6, 2026

Date(s) of Tournament or Games March 6-8, 2026 Estimated # of Teams 200

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

Address PO Box 54 Email csporer@elitetournaments.com Phone () _____ H

City West Friendship State MD Zip Code 21794 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/	2018	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7v7	<input checked="" type="checkbox"/>	3	\$810	<input type="checkbox"/>
U-	9	8/1/	2017	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7v7	<input checked="" type="checkbox"/>	3	\$830	<input type="checkbox"/>
U-	10	8/1/	2016	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7v7	<input checked="" type="checkbox"/>	3	\$830	<input type="checkbox"/>
U-	11	8/1/	2015	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9v9	<input checked="" type="checkbox"/>	3	\$880	<input type="checkbox"/>
U-	12	8/1/	2014	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9v9	<input checked="" type="checkbox"/>	3	\$880	<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 01/05/2026

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE MSYSA Date February 2, 2026

By  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.



CAPITOL AREA SOCCER REFEREES ASSOCIATION

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

January 15, 2026

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

Dear Bri:

Elite Tournaments has selected the Capital Area Soccer Referees Association, Inc. to provide referees for its **“Amanda Post Memorial Tournament”** to be held on the weekend of March 7-8, 2026. CASRA's assignor for this tournament is Annie Derzak who is a 2026 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 350 matches will be assigned which represents 100% of the total anticipated games for the Tournament.

Please contact or me at (301) 503-3533 or Annie Derzak at (443) 244-0033, if you have any questions or concerns regarding assigning this Tournament.

Sincerely yours,

Mark A Jennings

Mark A Jennings
Executive Director

Assignor:

Annie Derzak
Annie Derzak

cc: Colin Sporer, Tournament Director
cc: Annie Derzak, CASRA Assignor