



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 45th LVYSL Tournament Website URL: https://www.sidelinesoccersolutions.com/events-connector/45th-annual-lehigh-valley-youth-soccer-league-

Hosting Organization Lehigh Valley Youth Soccer League Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Paul Chopoli Title Executive Director Phone () 215-990-8296 W

Address PO Box 93 Email info@lvysl.org Phone () H

City Nesquehoning State PA Zip Code 18240 Phone () FAX

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

Location of Tournament or Games Lehigh County Sports Fields Complex TEAM ENTRY DEADLINE: May 30, 2025

Date(s) of Tournament or Games June 7-8, 2025 Estimated # of Teams 90

Tournament or Games Director or Contact Person Joe Levan Phone () 484-678-1432 W

Address 224 County Line Road Email JLevan@sidelinesoccersolutions.com Phone () H

City Wayne State PA Zip Code 19087 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/ 16	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 10 1/1/ 15	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 11 1/1/ 14	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 12 1/1/ 13	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U- 13 1/1/ 12	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 14 1/1/ 11	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 15 1/1/ 10	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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.

☐ UT UNRESTRICTED TOURNAMENT

Other US Soccer Members as listed:

US CLUB, SAY, AYSO, USSSA

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

Paul Chopoli
Paul Chopoli (Jun 3, 2025 14:36 EDT)

Date 06/03/2025

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

Eastern Penna Youth Soccer Assoc.

Date

June 4, 2025

By Leo Kelly

Title

Director of Operations