



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 4th Annual Charity Festival Website URL: www.sysl.org
 Hosting Organization Sachem Youth Soccer League Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Tony Chiofalo Title Tournament Director Phone www.sysl.org W
 Address P.O. Box 327 Email sachemtournaments@gmail.com Phone sachemtournaments@gmail.com H
 City Lake Ronkonkoma State NY Zip Code 11779 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games 1111 Waverly Ave, Holtsville, NY 11742 TEAM ENTRY DEADLINE: June 6, 2014
 Date(s) of Tournament or Games June 14, 2014 Estimated # of Teams 80 teams
 Tournament or Games Director or Contact Person Tournament Registrar - Jeff Nagel Phone (631) 447-2466 W
 Address 1111 Waverly Ave Email sachemtournaments@gmail.com Phone () _____ H
 City Holtsville State NY Zip Code 11742 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
U4	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U5	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		40 minutes		<input checked="" type="checkbox"/>	3	\$125	<input type="checkbox"/>
U6	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		"		<input checked="" type="checkbox"/>	"	\$150	<input type="checkbox"/>
U7	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		"		<input checked="" type="checkbox"/>	"	\$175	<input type="checkbox"/>
U8	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		"		<input checked="" type="checkbox"/>	"	\$225	<input type="checkbox"/>
U9	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14-15		"		<input checked="" type="checkbox"/>	"	\$250	<input type="checkbox"/>
U10	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15		"		<input checked="" type="checkbox"/>	"	\$250	<input type="checkbox"/>
U11	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-18		"		<input checked="" type="checkbox"/>	"	\$300-300	<input type="checkbox"/>
U12	B1/B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		"		<input checked="" type="checkbox"/>	"	\$300	<input type="checkbox"/>
U	B1/B2	<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: All USSF Affiliates
 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

Ramon D. Mendez

APPROVED
LONG ISLAND JUNIOR
SOCCER LEAGUE

Date 5/1/2014

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

James [Signature]
EASTERN NEW YORK
SOCCER LEAGUE

Date

5/7/2014

Title

Officer