



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 Northport Cow Harbor Columbus Cup Website URL: www.nchu.org  
 Hosting Organization Northport Cow Harbor United Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Jennifer Gallagher Title President Phone ( ) 6315475500 W  
 Address 3 Gilder Court Email President23@nchu.org Phone ( ) 6316726340 H  
 City Northport State NY Zip Code 11768 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games TBD township of Huntington, NY TEAM ENTRY DEADLINE: 09/15/2024  
 Date(s) of Tournament or Games October 12-13, 2024 Estimated # of Teams 190  
 Tournament or Games Director or Contact Person Jennifer Gallagher Phone ( ) 6315475500 W  
 Address 3 Gilder Court Email President23@nchu.org Phone ( ) 6316726340 H  
 City Northport State NY Zip Code 11768 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- 9	1/1/ 2016 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3-4	850	<input type="checkbox"/>
U- 10	1/1/ 2015 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50	7	<input checked="" type="checkbox"/>	3-4	850	<input type="checkbox"/>
U- 11	1/1/ 2014 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3-4	850	<input type="checkbox"/>
U- 12	1/1/ 2013 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	9	<input checked="" type="checkbox"/>	3-4	850	<input type="checkbox"/>
U- 13	1/1/ 2012 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	3	60	13	<input checked="" type="checkbox"/>	3-4	950	<input type="checkbox"/>
U- 14	1/1/ 2011 S1 S2 S3 RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	3	60	13	<input checked="" type="checkbox"/>	3-4	950	<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"/>
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.  
 TOURNAMENT UT UNRESTRICTED Other US Soccer Members as listed: \_\_\_\_\_  
 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

7-11-24  
 APPROVED  
 LONG ISLAND JUNIOR  
 SOCCER LEAGUE

Date 07/07/2024

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_



7-10-24