



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Levittown Columbus Classic Website URL: Levittownsoccerclub.org
 Hosting Organization Levittown Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Ramiro Yepez Title Tournament Director Phone () 516-7799330 W
 Address 2 Daffodil lane Email _____ Phone () _____ H
 City wantagh State NY Zip Code 11793 Phone () _____ FAX
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Levittown NY **TEAM ENTRY DEADLINE: 9/24/2024**
 Date(s) of Tournament or Games 10/12/24 and 10/13/24 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Ramiro Yepez Phone () 646-3695001 W
 Address 2 Daffodil Lane Email ramiro398@optonline.net Phone () 516 779-9330 H
 City Wantagh State NY Zip Code 11793 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- 6/7 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50 MIN5	7v7	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 8/9 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50 min	7v7	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 10 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50 min	7v7	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 11 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50 min	9v9	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 12 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50 min	9v9	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 13 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 14 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 15 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 16 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 17/18 1/1/	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$825	<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: _____

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

Ramiro Yepez

Date 08/06/2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League Date 08/06/2024

By *[Signature]*

Title Operations Manager



8-20-24