



A Proud Member of US Soccer
 Affiliated with the Federation International de Football Association

Hudson Valley Youth Soccer League, Inc.
 1906 Route 52, Suite C
 Hopewell Junction, NY 12533

Chris Gulbis

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Force FC Mid Winter Classic Tournament Website URL: mwsoccer.com
 Hosting Organization Force FC / MWUSC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jay Key Title Force FC Assist DOC Phone (845) 492-0810 W
 Address 322 Orchard Dr Email jkmckey@yahoo.com Phone () _____ H
 City Milton State NY Zip Code 10950 Phone () _____ FAX
 State Association or Affiliate EHYSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sportsdome **TEAM ENTRY DEADLINE:** 1/20/25
 Date(s) of Tournament or Games 1/25/25 & 1/26/25 Estimated # of Teams 95
 Tournament or Games Director or Contact Person Brendan Mullan Phone () 8454927614 W
 Address 190 Ridge Rd Email brendanmullan67@gmail.com Phone () _____ H
 City Monroe State NY Zip Code 10950 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-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 10 1/1/ 2015	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 11 1/1/ 2014	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	8	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 12 1/1/ 2013	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	8	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 13 1/1/ 2012	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 14 1/1/ 2011	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 15 1/1/ 2010	s1-s3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	28	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 16 1/1/ 2009	s1-s3	<input type="checkbox"/>	<input type="checkbox"/>	16	3	28	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 19 1/1/ 2006	s1-s3	<input type="checkbox"/>	<input type="checkbox"/>	16	3	28	7	<input type="checkbox"/>	3	\$400	<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: USYS & US Club members
 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 *Jay Key* Jay Key Date 9/19/2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date 9/19/24
 By _____ Title EASTERN NEW YORK



JAC
10-27-24