



US Youth Soccer

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 NEWSS Website URL: https://www.longislandelitetournaments.com/newss

Hosting Organization LIET Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization James Kelsh Title Director Phone () 6317088702

Address 271 Carleton Ave Email james@susaacademy.com Phone () _____ H

City Central Islip State NY Zip Code 11722 Phone () _____ FAX

State Association or Affiliate ENY Guest Referees Applications Accepted Yes No

Location of Tournament or Games SUSA Facility CI **TEAM ENTRY DEADLINE:** March 19

Date(s) of Tournament or Games November 30/December 1, 2024 Estimated # of Teams 50

Tournament or Games Director or Contact Person James Kelsh Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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-	14	8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	80	11	<input type="checkbox"/>	2	800	<input type="checkbox"/>
U-	15	8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	80	11	<input type="checkbox"/>	2	800	<input type="checkbox"/>
U-	16	8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	80	11	<input type="checkbox"/>	2	800	<input type="checkbox"/>
U-	17	8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	80	11	<input type="checkbox"/>	2	800	<input type="checkbox"/>
U-	19	8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	80	11	<input type="checkbox"/>	2	800	<input type="checkbox"/>
U-		8/1/		<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/		<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/		<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 – US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
- Foreign 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.

JK

2/9/24

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____

By _____

EASTERN NEW YORK YOUTH SOCCER

Date _____ Title _____

[Signature]

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.