



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 The Auburndale NYC 2014 Summer Cup Website URL: www.aubundalesoccerclub.org
 Hosting Organization Aubundale Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Phil Pavich Title Board Member Phone () _____ W
 Address 19-05 Frances Lewis Email cemestac@aol.com Phone () _____ H
 City Whitestone State ny Zip Code 11357 Phone () _____ FAX
 State Association or Affiliate EMVSA / LIJSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Bantalls Island **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games August 2 + 3 2014 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Phil Pavich Phone () _____ W
 Address 19-05 Frances Lewis Email _____ Phone () _____ H
 City Whitestone State ny Zip Code 11357 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- 8 8/11	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		40 min 1/2	8	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 9 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		40	8	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 10 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		40	8	<input type="checkbox"/>	3		<input type="checkbox"/>
U- 11 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		50 min 1/2	9	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 12 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		50	11	<input type="checkbox"/>	3		<input type="checkbox"/>
U- 13 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60 1/2	11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 14 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 15 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 16 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 17 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		60	11	<input checked="" type="checkbox"/>	3		<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: US Club, NYSO, JSS
- 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

Marcello Franzese APPROVED LONG ISLAND JUNIOR SOCCER LEAGUE Date 3/28/2014

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

[Signature]

Date

4/10/2014

Title

office