



RECEIVED
6/26/2013



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 Terryville Fall Kickoff Website URL: www.TerryvilleSoccer.com
 Hosting Organization Terryville SC Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Chris Bartlett Title Tournament Director Phone (631) 416-0089 W
 Address PO BOX 517 Email info@terryvillesoccer.com Phone () _____ H
 City Port Jefferson Station State NY Zip Code 11776 Phone () _____ FAX
 State Association or Affiliate ENYSSA / LISSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Terryville Rd Elem, Boyle Rd Elem, SFK Middle School TEAM ENTRY DEADLINE 8/2/2013
 Date(s) of Tournament or Games 8/30/13, 8/31/13, 9/1/13 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Chris Bartlett Phone (631) 416-0089 W
 Address PO BOX Email chris@terryvillefreedom.com Phone () _____ H
 City Port Jefferson Station State NY Zip Code 11776 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 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	40	6	<input checked="" type="checkbox"/>	4		<input checked="" type="checkbox"/>
U. 8 8/11 05	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	4	\$425	<input checked="" type="checkbox"/>
U. 9 8/11 04	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	4	\$425	<input checked="" type="checkbox"/>
U. 10 8/11 03	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	50	8	<input checked="" type="checkbox"/>	4	\$425	<input checked="" type="checkbox"/>
U. 11 8/11 02	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	50	9	<input checked="" type="checkbox"/>	4	\$425	<input checked="" type="checkbox"/>
U. 12 8/11 01	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	60	11	<input checked="" type="checkbox"/>	4	\$475	<input checked="" type="checkbox"/>
U. 13 8/11 00	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	60	11	<input checked="" type="checkbox"/>	4	\$475	<input checked="" type="checkbox"/>
U. 14 8/11 99	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	60	11	<input checked="" type="checkbox"/>	4	\$475	<input checked="" type="checkbox"/>
U. 15 8/11 98	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	60	11	<input checked="" type="checkbox"/>	4	\$475	<input checked="" type="checkbox"/>
U. 16 8/11 97	S1 S2 S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	60	11	<input checked="" type="checkbox"/>	4	\$475	<input checked="" type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

- 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.
 UNRESTRICTED TOURNAMENT
 Other US Soccer Members as listed: US Club, USYSA, SKY, AYSO, Super Y
 Teams as listed.

6-21-13 APPROVED
LONG ISLAND JUNIOR SOCCER LEAGUE

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 [Signature]

Date 6/6/13

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature]
EASTERN NEW YORK YOUTH SOCCER

Date 6/27/2013
Title officer