



East Hudson Youth Soccer League

A Proud Member of US Soccer

407 Route 6

Mahopac, NY 10541



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Chris Gulmi

Name of Tournament or Games THE NET Website URL: www-GUIDSGMHO.com

Hosting Organization LAGRANGE SOCCER CLUB Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization RENE RIVERA Title PRESIDENT Phone 845 235 2300

Address 76 MANDALAY DRIVE Email Xtremepop@421.com Phone 845 483 4823

City POUGHKEEPSIE State NY Zip Code 12603 Phone () _____ FAX _____

State Association or Affiliate ENYSA Guest Referee Applications Accepted Yes No

Location of Tournament or Games THE NET 258 TITUSVILLE ROAD **TEAM ENTRY DEADLINE:** Dec 6, 2013

Date(s) of Tournament or Games DEC 7, 8, 14, 15, 21, 22 JAN 4, 5, 11, 12, 25 Estimated # of Teams 80

Tournament or Games Director or Contact Person KIERAN MCILWAIN Phone 845 463 4800 W

Address 258 TITUSVILLE RD Email 1015hcoach@yahoo.com Phone 845 635 1262 H

City POUGHKEEPSIE State NY Zip Code 12603 Phone 845 463 4825 FAX _____

OCT 04 2013

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	Band
U-9 8/11	S, 2, 3, 4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-10 8/11	/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-11 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-12 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-13 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-14 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-16 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U-19 8/11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	6	<input checked="" type="checkbox"/>	10	1150	<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
U- 8/11	<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 _____
- 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

Rene Rivera

Date 10/11/2013

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

[Signature]



Date

10/15/2013

Title

officer