



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

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Chris Holder

APPLICATION TO HOST A TOURNAMENT OR GAMES

AUG 15 2013

Name of Tournament or Games GWL New Year Kickoff Website URL: www.gwl-soccer-club.com
 Hosting Organization Greenwood Lake Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Kathleen Holder Title President/Coordinator Phone 845 477-2015 W
 Address PO Box 1114 Email holderkathleen@yahoo.com Phone () 494-7547 H
 City Greenwood Lake State NY Zip Code 10925 Phone () 477-2359 AX
 State Association or Affiliate ENYUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Greenwood Lake Middle School TEAM ENTRY DEADLINE: Dec 30, 2014
 Date(s) of Tournament or Games Jan 4-5, Jan 11-12, 2014 Estimated # of Teams 7 per div / 49 total
 Tournament or Games Director or Contact Person Meghan Gilson Phone 845 477-2359 W
 Address PO Box 1114 Email tarps183@hotmail.com Phone 845 477-2359 W
 City Greenwood Lake State NY Zip Code 10925 Phone 845 477-2359 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 05		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	4+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-9 8/11 04		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	5+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-10 8/11 03		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	5+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-11 8/11 02		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	5+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-12 8/11 01		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	5+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-13 8/11 00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	4+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-14 8/11 99		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		13-20	4+K	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/11		<input type="checkbox"/>	<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

Kathleen Holder

Date 8/12/13

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

ENYUSA

By Diana Knight

Title

office

