



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Queens College Indoor Tourn. Website URL: Queensknights.com
 Hosting Organization Istria Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Carlo Bucich Title President Phone (917) 446-6963 W
 Address 72-04 32nd Avenue Email cbucich@nyc.rr.com Phone (718) 424-3454 H
 City Jackson Heights State NY Zip Code 11370 Phone () FAX
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Queens College Fitzgerald Gymnasium **TEAM ENTRY DEADLINE:** 5 days prior to event
 Date(s) of Tournament or Games 1/11/12, 1/12, 1/18, 1/19, 1/25, 1/26, 2/1, 2/2, 2/15, 2/16, 2/17 Estimated # of Teams 6-12 teams per event
 Tournament or Games Director or Contact Person Carl Christian Phone (718) 997-2755 W
 Address 104-20 68th Drive, Apt B47 Email Leeds11@yahoo.com Phone (718) 494-7649 H
 City Forest Hills State NY Zip Code 11375 Phone (718) 997-2799 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- 10 8/1/	S1-S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	3	26 mins	7	<input checked="" type="checkbox"/>	3	Yes	<input type="checkbox"/>
U- 11 8/1/	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	26 mins	7	<input checked="" type="checkbox"/>	3	Yes	<input type="checkbox"/>
U- 12 8/1/	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	26 mins	7	<input checked="" type="checkbox"/>	3	Yes	<input type="checkbox"/>
U- 13 8/1/	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	26 mins	7	<input checked="" type="checkbox"/>	3	Yes	<input type="checkbox"/>
U- 14 8/1/	S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	26 mins	7	<input checked="" type="checkbox"/>	3	Yes	<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"/>
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** –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** (Open to all Federation affiliated participants)
- 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

Carl Christian Date 11/28/12
 Cosmopolitan Soccer League, Phil Cahill, Secretary

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *John M. Roth* Date 12-18-2012
 Title officer