



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 NIKE TOURNAMENT Website URL: WWW.KOSMOSFC.COM
 Hosting Organization NY KOSMOS Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization ANDREAS TOUROS Title PRESIDENT Phone 917 747-5854 W
 Address 244-53 90TH AVENUE Email NYKOSMOS1997@aol.com Phone 917 597-1114 H
 City BELLEROSE State NY Zip Code 11426 Phone () _____ FAX _____
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games FLOSHING - QUEENS TEAM ENTRY DEADLINE: JUNE 17
 Date(s) of Tournament or Games JUNE 21/22 Estimated # of Teams 40
 Tournament or Games Director or Contact Person ANDREAS TOUROS Phone () SAME W
 Address 244-53 90TH AVEN. Email NYKOSMOS1997@aol.com Phone () AS H
 City BELLEROSE State NY Zip Code 11426 Phone () ABOVE 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-7 8/11 2006	RT, S4, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	20	6	<input checked="" type="checkbox"/>	3	200	<input type="checkbox"/>
U-8 8/11 2005	RT, S4, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	6	<input checked="" type="checkbox"/>	3	290	<input type="checkbox"/>
U-9 8/11 2004	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	8	<input checked="" type="checkbox"/>	3	280	<input type="checkbox"/>
U-10 8/11 2003	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	8	<input checked="" type="checkbox"/>	3	290	<input type="checkbox"/>
U-11 8/11 2002	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	8	<input checked="" type="checkbox"/>	3	290	<input type="checkbox"/>
U-12 8/11 2001	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	8	<input checked="" type="checkbox"/>	3	290	<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"/>
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

Date 6/11/14

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Date 4/17/2014
Title officer

- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- Indicate what procedures will be followed regarding protests and appeals;
- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
- state that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

TOURNAMENT CANCELLATION: We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

POST TOURNAMENT OR GAMES REPORT: We agree that we shall file any required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse..**

[Signature]
Signature of Hosting Organization Designated Official
6/11/14
Date

[Signature]
Signature of Tournament or Games Director
6/11/14
Date

Hosting Organization NY KOSMOS Phone (917) 747-5759 W
Address 244-53 90TH AVE Email NYKOSMOS1997@opt.com Phone () H
City BELLEROSE State NY Zip 11426 Phone () Fax

Tournament or Games Headquarters Phone (917) 747-5759 W
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City BELLEROSE State NY Zip 11426 Phone (917) 597-1114 Fax