



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



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Adam Novellano Memorial Tournament Website URL: westislipsoccer.com/tournament

Hosting Organization West Islip Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Rob Grimaldi Title Tournament Director Phone () 457-9705 W

Address PO Box 5 Email tournaments@westislipsoccer.com Phone () _____ H

City West Islip State NY Zip Code 11795 Phone () 505-4159 FAX

State Association or Affiliate ENYUSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games West Islip **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games Jan 25, 26 Feb 1, 8, 9 2020 Estimated # of Teams 300

Tournament or Games Director or Contact Person Rob Grimaldi Phone () 457-9705 W

Address PO Box 5 Email tournaments@westislipsoccer.com Phone () _____ H

City West Islip State NY Zip Code 11795 Phone () 505-4159 FAX

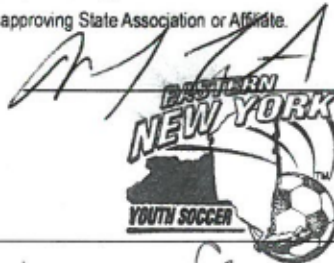
Age Groups Accepted				Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-	7-12	1/1/	06-11	S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9	3	12-15 minutes	6	<input checked="" type="checkbox"/>	4	275	<input type="checkbox"/>
U-	13-20	1/1/	99-05	S1, S2, S3, S4, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9	3	12-15 minutes	5	<input checked="" type="checkbox"/>	4	275	<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<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 Other US Soccer Members as listed: All Affiliated Leagues
- 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



MIKE LOMBARDI
PRES.

Date 11/13/19

APPROVED 11-13-19
LONG ISLAND JUNIOR SOCCER LEAGUE

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By [Signature]

Date 11/22/19

Title Officer