



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games EAST MEADOW SOCCER TOURNAMENT SPONSORED BY COVANTA Website URL: WWW.EASTMEADOWSOCCER.COM
 Hosting Organization EAST MEADOW SOCCER CLUB Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization STEVEN EPSTEIN Title Vice President Phone 516 650-1297 W
 Address 785 PARK LANE Email EPPYSHOUSE@AOL.COM Phone 516 794-3397 H
 City EAST MEADOW State NY Zip Code 11554 Phone 516 292-2702 FAX
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games LONG ISLAND, NY **TEAM ENTRY DEADLINE:** July 15, 2009
 Date(s) of Tournament or Games AUGUST 29, 30, 2009 Estimated # of Teams 400
 Tournament or Games Director or Contact Person STEVEN EPSTEIN Phone 516 650-1297 W
 Address 785 PARK LANE Email EPPYSHOUSE@AOL.COM Phone 516 794-3397 H
 City EAST MEADOW State NY Zip Code 11554 Phone 516 292-2702 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 8/1/2001	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 min	7	<input checked="" type="checkbox"/>	5	495	<input type="checkbox"/>
U-9 8/1/2000	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 min	7	<input checked="" type="checkbox"/>	5	495	<input type="checkbox"/>
U-10 8/1/1999	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 min	7	<input checked="" type="checkbox"/>	5	595	<input type="checkbox"/>
U-11 8/1/1998	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	50 min	9	<input checked="" type="checkbox"/>	5	595	<input type="checkbox"/>
U-12 8/1/1997	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<input type="checkbox"/>
U-13 8/1/1996	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<input type="checkbox"/>
U-14 8/1/1995	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<input type="checkbox"/>
U-15 8/1/1994	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<input type="checkbox"/>
U-16 8/1/1993	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<input type="checkbox"/>
U-17/19 8/1/1992	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	60 min	11	<input checked="" type="checkbox"/>	3/5	695	<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: CANADIAN

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 7/1/09

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

Diana Knight

Date

2/9/09

Title

office

APPROVED
LONG ISLAND JUNIOR SOCCER LEAGUE
2-6-09