

Please Type or Print Clearly – Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

#### World Cup Indoor Travel

Name of Tournament or Games Tournament Website URL: Eastmeadowsoccer.com

Hosting Organization East Meadow Soccer Club Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Danny Alonzo Title Tournament Director Phone 516 382-7881 W

Address PO Box 147 East Meadow Email Dannyalonzo85@gmail.com Phone ( ) \_\_\_\_\_ H

City East Meadow State NY Zip Code 11756 Phone 516 221-8957 FAX

State Association or Affiliate ENYUSA Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Bethpage, NY **TEAM ENTRY DEADLINE:** Jan 2<sup>nd</sup>

Date(s) of Tournament or Games January 15<sup>th</sup> and 16<sup>th</sup>, 2011 Estimated # of Teams 100

Tournament or Games Director or Contact Person Danny Alonzo Phone 516 382-7881 W

Address PO Box 147 Email Dannyalonzo85@gmail.com Phone ( ) \_\_\_\_\_ H

City East Meadow State NY Zip Code 11756 Phone 516 221-8957 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-	09	8/1/	01	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	10	8/1/	00	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	11	8/1/	99	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	12	8/1/	98	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	13	8/1/	97	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	14	8/1/	96	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	15	8/1/	95	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U-	16	8/1/	94	Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	17	8	<input checked="" type="checkbox"/>	4	\$325	<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.
- UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: \_\_\_\_\_
- 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 \_\_\_\_\_

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

*Meari Knight*

Date

Title

APPROVED  
 LONG ISLAND JUNIOR SOCCER LEAGUE  
 11-11-10

Date 10/8/2010

RECEIVED  
 11/15/10

