



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 30th Annual Winter Indoor Classic Website URL www.eastislip.soccer.org
 Hosting Organization East Islip Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Candice Brody Title Tournament Director Phone 718 4907522W
 Address PO Box 289 Email winterclassic@eastislip.soccer.org Phone () _____ H
 City East Islip State NY Zip Code 11730 Phone () _____ FAX
 State Association or Affiliate NYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games East Islip High School + Middle School TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games 2/20/22 - 2/27/22 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Karen Jensen Phone 516 3304037 W
 Address PO Box 289 Email kjensen@eastislip.soccer.org Phone () _____ H
 City East Islip State NY Zip Code 11730 Phone () _____ 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 1/1/2015	Intramural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	13	5	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U-8 1/1/2014	Intramural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	13	5	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U-9 1/1/2013	Travel / Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	13	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-10 1/1/2012	Travel / Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	13	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-11 1/1/2011	Travel / Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	13	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-12 1/1/2010	Travel / Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	13	6	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U-13 1/1/2009	Travel / Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	13	6	<input checked="" type="checkbox"/>	3	300	<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: US Club Soccer
- 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 [Signature] Date 1/19/22



(For Use Only STATE ASSOCIATION OR AFFILIATE)
ENYUSA Date 2/4/2022
Deane Knight Title officer