



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

1906 Route 52, Suite C

Please Type or Print Clearly - Do Not Staple

Hopewell Junction, NY 12533

Chris Guloxi

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 6th ANNUAL Mid-Winter CLASSIC Website URL: MWSoccer.com
 Hosting Organization Force FC / MWUSC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization JAN KEY Title ASS. SOC Phone 845 492-0810 W
 Address PO Box 664 Email jkmckey@49400.com Phone () _____ H
 City MORRIS State NY Zip Code 10949 Phone () _____ FAX
 State Association or Affiliate ENYSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Hudson Valley Sports Dome TEAM ENTRY DEADLINE: 1/26/22
 Date(s) of Tournament or Games 1/29/22, 1/30/22 Estimated # of Teams 95
 Tournament or Games Director or Contact Person Brendan Mullane Phone 845 492-7614
 Address 40 McGRATH RD Email Brendanmullane67@gmail.com Phone () _____ H
 City MORRIS State NY Zip Code 10950 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-09 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	28 min	7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-10 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	28 min	7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-11 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3		8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-12 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3		8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-13 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-14 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-15 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-16 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-17 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U-18 1/1/1	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3		28 min	7	<input checked="" type="checkbox"/>	4	375

*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: USYS + US CLUB Members
- 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 10/25/21

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE ENYSLA Date 11/30/2021
 By *[Signature]* Title OFFICE

