



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 Adam Novellino 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 Roert Grimaldi Title Girls Coordinator Phone (631) 457-9705 W
 Address P.O. Box 5 Email girls@westislipsoccer.com Phone () _____ H
 City West Islip State NY Zip Code 11795 Phone () _____ FAX
 State Association or Affiliate ENYUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games West Islip **TEAM ENTRY DEADLINE:** 1 Week before Event Date
 Date(s) of Tournament or Games Jan 29-30, Feb 5,6 Feb 13 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Roh Grimaldi Phone (631) 457-9705 W
 Address P.O. Box 5 Email girls@westislipsoccer.com Phone () _____ H
 City West Islip State NY Zip Code 11795 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	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	295	<input type="checkbox"/>
U- 8 1/1/ 2014	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	295	<input type="checkbox"/>
U- 9 1/1/ 2013	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	295	<input type="checkbox"/>
U- 10-12 1/1/ 2012-10	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	295	<input type="checkbox"/>
U- 13-16 1/1/ 2009-03	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	295	<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 USSE Affiliates
- 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

Designated by: Michael Lombardi APPROVED LONG ISLAND JUNIOR SOCCER LEAGUE Date 11/24/2021
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APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By ENYUSA  Date 12/1/2021
Deane Knight Title Officer