



RECEIVED FEB 09 2022

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Lincoln Page Memorial Pay Website URL massapequa.sc.com
 Hosting Organization MASSAPEQUA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Lorraine Brucato Title Tournament Operations Phone 516,427-0320 W
 Address P.O. Box 72 Email _____ Phone () _____ H
 City MASSAPEQUA PARK State NY Zip Code 11762 Phone () _____ FAX
 State Association or Affiliate ENYUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Long Island **TEAM ENTRY DEADLINE:** May 14, 2022
 Date(s) of Tournament or Games MAY 27, 28 + 29 2022 Estimated # of Teams 500
 Tournament or Games Director or Contact Person Paul Biglin Phone 516 457-8893 W
 Address P.O. Box 72 Email msctournamentdirector1@gmail.com Phone _____ H
 City MASS PARK State NY Zip Code 11762 ~~631 388-2350~~

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-9 1/1/	51-54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	7	<input checked="" type="checkbox"/>	4	750	<input type="checkbox"/>
U-10 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	7	<input checked="" type="checkbox"/>	4	750	<input type="checkbox"/>
U-11 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	9	<input checked="" type="checkbox"/>	4	800	<input type="checkbox"/>
U-12 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50	9	<input checked="" type="checkbox"/>	4	800	<input type="checkbox"/>
U-13 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-14 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-15 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-16 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-17 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<input type="checkbox"/>
U-18 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	850	<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
- International
- 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 _____
NEW YORK

LONG ISLAND JUNIOR SOCCER LEAGUE
2-9-22 Date 1-29-22

APPROVAL
(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

ENYUSA Date 2/16/2022

By Maria Knight Title officer