



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 39th Annual Fall Classic Website URL www.eastislipsoccer.com
 Hosting Organization East Islip Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Marc Bergen Title Tournament Director Phone (631-897-5808 W
 Address PO Box 289 Email marcbergen125@gmail.com Phone () _____ H
 City East Islip State NY Zip Code 11730 Phone () _____ FAX
 State Association or Affiliate Long Island Junior Soccer League Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Heckscher State Park, East Islip, NY **TEAM ENTRY DEADLINE:** September 20th, 2021
 Date(s) of Tournament or Games October 9th & 10th, 2021 Estimated # of Teams 250
 Tournament or Games Director or Contact Person Jesse Maldonado Phone () 631-804-5568 W
 Address PO Box 289 Email jesse0830@verizon.net 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"/>	12	3	4 - 40 min.	5 v 5	<input checked="" type="checkbox"/>	4	\$300	<input type="checkbox"/>
U-	8	1/1/ 2014	Intramural/Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	4 - 40 min.	5 v 5	<input checked="" type="checkbox"/>	4	\$300-400	<input type="checkbox"/>
U-	9	1/1/ 2013	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	4 - 50 min.	7 v 7	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U-	10	1/1/ 2012	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	4 - 50 min.	7 v 7	<input checked="" type="checkbox"/>	4	\$600	<input type="checkbox"/>
U-	11	1/1/ 2011	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	4 - 50 min.	9 v 9	<input checked="" type="checkbox"/>	4	\$675	<input type="checkbox"/>
U-	12	1/1/ 2010	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	4 - 50 min.	9 v 9	<input checked="" type="checkbox"/>	4	\$675	<input type="checkbox"/>
U-	13	1/1/ 2009	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	4 - 60 min.	11 v 11	<input checked="" type="checkbox"/>	4	\$725	<input type="checkbox"/>
U-	14	1/1/ 2008	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	4 - 60 min.	11 v 11	<input checked="" type="checkbox"/>	4	\$725	<input type="checkbox"/>
U-	15	1/1/ 2007	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	4 - 60 min.	11 v 11	<input checked="" type="checkbox"/>	4	\$725	<input type="checkbox"/>
U-	16	1/1/ 2006	Travel/Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	4 - 60 min.	11 v 11	<input checked="" type="checkbox"/>	4	\$725	<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

Marc Bergen

6-16-21
APPROVED
LONG ISLAND JUNIOR SOCCER LEAGUE

Date 6/1/2021

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

ENYYS
Michelle Kniff

Date

6/30/2021

Title

officer