

App
CJSL
10/2



US Youth Soccer

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 SUSA Girls Showcase Website URL: https://www.longislandelitetournaments.com/

Hosting Organization SUSA Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization James Kelsh Title Director Phone () 6317088702

Address LIET, 905 West Jericho Turnpike, Smithtown Email james@susaacademy.com Phone () _____ H

City Smithtown State NY Zip Code 11787 Phone () _____ FAX

State Association or Affiliate ENY Guest Referees Applications Accepted Yes No

Location of Tournament or Games SUSA Facility CI **TEAM ENTRY DEADLINE:** Feb 5

Date(s) of Tournament or Games Feb 23 - 25 Estimated # of Teams 99

Tournament or Games Director or Contact Person James Kelsh Phone () _____ W

Address _____ Email _____ Phone () _____ H

City _____ State _____ Zip Code _____ 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- 15 8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 16 8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 17 8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 18 8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 19 8/1/	Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 8/1/	Rec/Prem	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/	Rec/Prem	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/	Rec/Prem	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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 - US Youth Soccer Members and Affiliates only.

Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____

Foreign 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 *JK* Date 8/17/2023

APPROVAL
(For Official Use Only)



gjc
Date 10/3/23

STATE ASSOCIATION OR AFFILIATE _____
By _____ Title _____

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.