



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 PO 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 27-28, Feb 3,4 Feb 11 2024 Estimated # of Teams 300

Tournament or Games Director or Contact Person Rob Grimaldi Phone (631) 457-9705 W

Address PO Box 5 Email girls@westislipsoccer.com Phone () H

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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/ 2017 Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	335	<input type="checkbox"/>
U- 8	1/1/ 2016 Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	335	<input type="checkbox"/>
U- 9	1/1/ 2015 Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	335	<input type="checkbox"/>
U- 10-12	1/1/ 2014-12 Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	335	<input type="checkbox"/>
U- 13-19	1/1/ 2011-15 Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	335	<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 USSF 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

[Handwritten Signature]

10/22/23
APPROVED
LONG ISLAND JUNIOR SOCCER LEAGUE

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____



10-26-23