



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 LI FUTSAL 5-V-5 SUMMER SHOOTOUT Website URL: https://lifutsal.com/  
 Hosting Organization LONG ISLAND FUTSAL LEAUGE, INC. Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization JOHN BRANCA Title PRESIDENT Phone ( ) \_\_\_\_\_ W  
 Address 102 BUFFALO AVE Email LIFUTSAL@GMAIL.COM Phone ( ) (631)793-8481 H  
 City MEDFORD State NY Zip Code 11763 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games ETA Soccer Park, 43 Hawkins Rd. Stony Brook, NY 11790 **TEAM ENTRY DEADLINE: JULY 7, 2024**  
 Date(s) of Tournament or Games JULY 20, 21, 2024 Estimated # of Teams 60  
 Tournament or Games Director or Contact Person JOHN BRANCA Phone ( ) \_\_\_\_\_ W  
 Address 102 BUFFALO AVE. Email LIFUTSAL@GMAIL.COM Phone ( ) (631)790-7481 H  
 City MEDFORD State NY Zip Code 11763 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- 9	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 295	<input type="checkbox"/>
U- 10	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 295	<input type="checkbox"/>
U- 11	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 295	<input type="checkbox"/>
U- 12	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 295	<input type="checkbox"/>
U- 13	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 295	<input type="checkbox"/>
U- 14	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 335	<input type="checkbox"/>
U- 15	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 335	<input type="checkbox"/>
U- 16	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 335	<input type="checkbox"/>
U- 17-19	1/1/	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	25 MINUTES	5	<input type="checkbox"/>	4	\$ 335	<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: US CLUB SOCCER, AYSO
- 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 John Branca Date April 1, 2024

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Long Island Junior Soccer League Date 04/03/2024

By Sonia Kelly Operations Manager

