



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 U8 Invitational Website URL: www.bethpagesoccer.com
 Hosting Organization Bethpage PAL Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Sandeep Gupte Title President Phone () 343-5062 W
 Address 428 Stewart Ave. Email gupteflight@gmail.com Phone () _____ H
 City Bethpage State NY Zip Code 11714 Phone () _____ FAX
 State Association or Affiliate East New York Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Apollo Field TEAM ENTRY DEADLINE: 5/24/2024
 Date(s) of Tournament or Games 5/25/2024 Estimated # of Teams 8
 Tournament or Games Director or Contact Person Eric Bentley Phone () 5163435062 W
 Address 428 Stewart Ave. Email ejbentley828@gmail.com Phone () _____ H
 City Bethpage State NY Zip Code 11714 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- 8 1/1/ 2016	RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	0	40	7	<input type="checkbox"/>	3	\$400	<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"/>
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: _____
- 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 [Signature] Date 5/8/2024

APPROVED [Signature]
LONG ISLAND JUNIOR SOCCER LEAGUE
 5-10-24

APPROVAL
 (For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date 5/8/2024
 By _____ Title _____