



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 Alby Cup Website URL: https://albertsonsoccer.com/alby-cup/
 Hosting Organization Albertson Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Robin Lee Title Operations Manager Phone () 5168354 W
 Address 2 Overlook Terrace Email rlee@albertsonsoccer.com Phone () _____ H
 City East Hills State NY Zip Code 11577 Phone () _____ FAX
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Orlin & Cohen Sports Complex, C TEAM ENTRY DEADLINE: 08/10/2024
 Date(s) of Tournament or Games 08/31/2024 - 09/01/2024 Estimated # of Teams 80-99
 Tournament or Games Director or Contact Person Robin Lee Phone () 5162705 W
 Address 2 Overlook Terrace Email rlee@albertsonsoccer.com Phone () 5168354 H
 City Merrick State NY Zip Code 11566 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/ 201	S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2 x 25	7	<input type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 10 1/1/ 201	S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2 x 25	7	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 11 1/1/ 201	S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2 x 25	9	<input checked="" type="checkbox"/>	3	\$775	<input type="checkbox"/>
U- 12 1/1/ 201	S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	2 x 25	9	<input checked="" type="checkbox"/>	3	\$775	<input type="checkbox"/>
U- 13 1/1/ 201	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 30	11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 14 1/1/ 201	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2 x 30	11	<input checked="" type="checkbox"/>	3	\$825	<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: US Club
- Teams as listed: All affiliated leagues

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 _____

APPROVED
LONG ISLAND JUNIOR SOCCER LEAGUE
6-27-24

Date 05/23/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____

Date 05/23/24

By _____

Title _____

