



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 OUSC 31st Annual Bob Schragger Memorial Website URL: www.ousc.com

Hosting Organization Oceanside United Soccer Club Type of Tournament Select Recreational Select & Rec

Designate Official of Hosting Organization Mike O'Malley Title President Phone () 5163176829 W

Address 71 Cleveland Avenue Email omalleycoach@gmail.com Phone () 5166158554 H

City Rockville Centre State NY Zip Code 11570 Phone () _____ FAX

State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games ceanside Park, Boardman M.S. Field Of Dreams **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games August 31 & September 1, 2024 Estimated # of Teams 200

Tournament or Games Director or Contact Person Michael C. O'Malley Phone () 5163176829 W

Address PO Box 81 Email omalleycoach@gmail.com Phone () 5163176829 H

City Oceanside State NY Zip Code 11572 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/ 2016 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 mins	7	<input checked="" type="checkbox"/>	3	\$720	<input type="checkbox"/>
U- 10	1/1/ 2015 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50 mins	7	<input checked="" type="checkbox"/>	3	\$720	<input type="checkbox"/>
U- 11	1/1/ 2014 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 mins	9	<input checked="" type="checkbox"/>	3	\$770	<input type="checkbox"/>
U- 12	1/1/ 2013 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 mins	9	<input checked="" type="checkbox"/>	3	\$770	<input type="checkbox"/>
U- 13	1/1/ 2012 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<input type="checkbox"/>
U- 14	1/1/ 2011 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<input type="checkbox"/>
U- 15	1/1/ 2010 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<input type="checkbox"/>
U- 16	1/1/ 2009 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<input type="checkbox"/>
U- 17	1/1/ 2008 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<input type="checkbox"/>
U- 19	1/1/ 2007 S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	50 mins	11	<input checked="" type="checkbox"/>	3	\$820	<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.
- TOURNAMENT UNRESTRICTED** Other US Soccer Members as listed: All USSF Affiliates
- Teams as listed: _____

APPROVED
LONG ISLAND JUNIOR
SOCCER LEAGUE
 7-24-24

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 Michael C. O'Malley

Date June 20, 2022

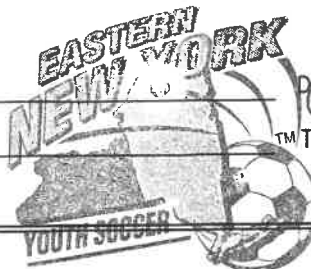
APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

Date _____

Title _____



7-24-24