



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 North Hempstead Cup Website URL: http://northhempsteadcup.com/  
 Hosting Organization Great Neck Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Justin Maze Title President Phone ( ) 917-279-8710 W  
 Address 131 Schenck Avenue Email jmaze@gnsoccer.com Phone ( ) \_\_\_\_\_ H  
 City Great Neck State NY Zip Code 11021 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate ENYYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games MVP, Harbor Links, LIJ Soccer Park, Tully Park, Denton Avenue TEAM ENTRY DEADLINE: September 22, 2024  
 Date(s) of Tournament or Games 10/13/24 Estimated # of Teams 125  
 Tournament or Games Director or Contact Person Justin Maze Phone ( ) 917-279-8710 W  
 Address 131 Schenck Avenue Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ H  
 City Great Neck State NY Zip Code 11021 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/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	60 minutes	7	<input checked="" type="checkbox"/>	3	\$545	<input type="checkbox"/>
U- 9 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 minutes	7	<input checked="" type="checkbox"/>	3	\$595	<input type="checkbox"/>
U- 10 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50 minutes	7	<input checked="" type="checkbox"/>	3	\$595	<input type="checkbox"/>
U- 11 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50 minutes	9	<input checked="" type="checkbox"/>	3	\$595	<input type="checkbox"/>
U- 12 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50 minutes	9	<input checked="" type="checkbox"/>	3	\$595	<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:

US Club, PAL, Super Y, AYSO

International  
 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

*Justin Maze*

APPROVED  
LONG ISLAND JUNIOR  
SOCCER LEAGUE  
7-17-24

Date 7/01/24

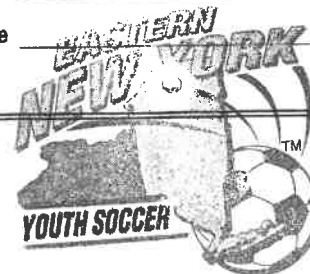
APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_



*7-16-24*