



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games PWSC 2nd Annual Pierce Slutzky Thanksgiving Cup Website URL: www.pwscthanksgivingcup.com
Hosting Organization Port Washington Soccer Club Type of Tournament: Select Recreational Select & Rec
Designate Official of Hosting Organization Lyle Stein Title President Phone () 516-640-2510 W
Address PO Box 2067 Email information@portsoccerclub.com Phone () H
City Port Washington State NY Zip Code 11050 Phone () FAX
State Association or Affiliate ENYYSA Guest Referees Applications Accepted Yes No
Location of Tournament or Games Schreiber High School, Port Washington TEAM ENTRY DEADLINE: November 9, 2024
Date(s) of Tournament or Games November 30, 2024 Estimated # of Teams 100
Tournament or Games Director or Contact Person Lyle Stein Phone () 516-640-2510 W
Address PO Box 2067 Email lylestein@portsoccerclub.com Phone () H
City Port Washington State NY Zip Code 11050 Phone () FAX

Table with 12 columns: 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. Rows include U-7, U-8, U-9 and several empty rows.

*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.

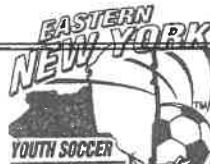
Signature of Designated Official of Hosting Organization

Date 9/30/2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League Date 9/30/2024
By Sonia Kelly Title Operations Manager



10-1-24

Handwritten initials/signature