



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 Adam Novellano Memorial Tournament Website URL: westislipsoccer.com/tournament  
 Hosting Organization West Islip Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Mike Lombardi Title Girls Coordinator Phone (631) 457-9705 W  
 Address PO Box 5 Email girls@westislipsoccer.com Phone ( ) \_\_\_\_\_ H  
 City West Islip State NY Zip Code 11795 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate ENYUSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games West Islip **TEAM ENTRY DEADLINE:** 1 Week before Event Date  
 Date(s) of Tournament or Games Jan 25-26, Feb 1,2 Feb Estimated # of Teams 300  
 Tournament or Games Director or Contact Person Mike Lombardi Phone (631) 457-9705 W  
 Address PO Box 5 Email girls@westislipsoccer.com Phone ( ) \_\_\_\_\_ H  
 City West Islip State NY Zip Code 11795 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- 7 1/1/ 2018	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	325	<input type="checkbox"/>
U- 8 1/1/ 2017	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	370	<input type="checkbox"/>
U- 9 1/1/ 2016	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	370	<input type="checkbox"/>
U- 10-12 1/1/ 2015-13	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	3	4-12 Mins	6v6	<input checked="" type="checkbox"/>	4	370	<input type="checkbox"/>
U- 13-19 1/1/ 2012-06	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	3	4-12 Mins	5v5	<input checked="" type="checkbox"/>	4	370	<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: ALL USSF Affiliates
- 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

Michael Lombardi

Date 11/4/24

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

Date 11/04/2024

Sonia Kelly

Title Operations Manager



11-7-24