

Chris [Signature]
US YOUTH SOCCER.



A Proud Member of US Soccer
Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Shamrock Cup 2024 Website URL: https://wscoccerclub.com/soccer-tournaments/
 Hosting Organization Washingtonville Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jay Belcher Title Tournament/ Referee Director Phone () 9176921021 W
 Address PO Box 24 Email mmoloney@hvc.rr.com Phone () _____ H
 City Washingtonville State NY Zip Code 10992 Phone () _____ FAX
 State Association or Affiliate Eastern NY Youth Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Milton Sports Dome TEAM ENTRY DEADLINE: _____
 Date(s) of Tournament or Games March 15 & 16, 2025 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Jay Belcher Phone () 9176921021 W
 Address PO Box 24 Email mmoloney@hvc.rr.com Phone () 8454872240 H
 City Washingtonville State NY Zip Code 10992 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	U11										
U- 9	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	25 min	8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 10	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	25 min	8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 11	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	25 min	8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 12	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 13	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	8	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 14	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 15	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 16	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	7	<input checked="" type="checkbox"/>	4	375	<input type="checkbox"/>
U- 18	U11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	25 min	6	<input checked="" type="checkbox"/>	4	375	<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.
 UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 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

X Signature of Designated Official of Hosting Organization

Jay Belcher

Date 10/30/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____ Date _____
 Title _____

[Signature] EASTERN NEW YORK YOUTH SOCCER *11-1-24*