



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 Niskayuna Soccer Classic Website URL https://niskayunasoccerclub.org
 Hosting Organization Niskayuna Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Christopher Fenlon Title President Phone () 518 5068945
 Address P.O. Box 9096 Email christopher.fenlon@gmail.com Phone () _____ H
 City Niskayuna State NY Zip Code 12309 Phone () _____ FAX
 State Association or Affiliate CDYSL Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Zenner Road Soccer Complex **TEAM ENTRY DEADLINE:** May 1, 2025
 Date(s) of Tournament or Games June 7 & 8, 2025 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Gillian Dessis-Dinneen Phone () 518 669-9838 W
 Address P.O. Box 9096 Email Niskyclasictournament@gmail.com Phone () _____ H
 City Niskayuna State NY Zip Code 12309 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/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	2x4	<input type="checkbox"/>	4	\$450	<input type="checkbox"/>
U- 10	1/1/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	25	7	<input type="checkbox"/>	4	\$700	<input type="checkbox"/>
U- 12	1/1/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	30	9	<input type="checkbox"/>	4	\$775	<input type="checkbox"/>
U- 14	1/1/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U- 16	1/1/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U- 19	1/1/ S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<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:
 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

Chris Fenlon

Date 1/15/25

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____



GC

Date _____

Title _____

2-17-25