



Please Type or Print Clearly – Do Not Staple

US Youth Soccer

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	SUSA Spring Kick Off			Website URL:	https://www.longislandelite.tournaments.com/					
Hosting Organization	SUSA			Type of Tournament:	<input type="checkbox"/> Select	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Select & Rec			
Designate Official of Hosting Organization	James Kelsh			Title	Director					
Address	271 Carleton Avenue			Email	james@susaacademy.com					
City	Central Islip	State	NY	Zip Code	11722					
State Association or Affiliate	ENY			Guest Referees Applications Accepted	<input type="checkbox"/>	Yes	<input type="checkbox"/> No			
Location of Tournament or Games	SUSA Facility CI			TEAM ENTRY DEADLINE:	Feb 1					
Date(s) of Tournament or Games	Feb 28 - Mar 1			Estimated # of Teams	200					
Tournament or Games Director or Contact Person	James Kelsh			Phone	() _____ W					
Address				Email						
City				State						
			Zip Code				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- 9	8/1/		Rec/Prem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	8	50	7	<input type="checkbox"/>	3	900	<input type="checkbox"/>
U- 10	8/1/		Rec/Prem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	8	50	7	<input type="checkbox"/>	3	900	<input type="checkbox"/>
U- 11	8/1/		Rec/Prem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	8	60	9	<input type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 12	8/1/		Rec/Prem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	8	60	9	<input type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 13	8/1/		Rec/Prem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	8	70	11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U- 14	8/1/		Rec/Prem		<input type="checkbox"/>	<input type="checkbox"/>	25	8		11	<input type="checkbox"/>	3	1200	<input type="checkbox"/>
U-	8/1/		Rec/Prem		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/		Rec/Prem		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/				<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 – US Youth Soccer Members and Affiliates only.

Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed:

Foreign 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

JK

Date 9/16/2025

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____

By _____

Date _____

Title _____



In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

9-18-25