



Please Type or Print Clearly – Do Not Staple

Name of Tournament or Games		Sachem Gravy Bowl Tournament		Website URL:		www.sysl.org	
Hosting Organization		Sachem Youth Soccer		Type of Tournament:	<input type="checkbox"/> Select	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Select & Rec.
Designate Official of Hosting Organization		Jeff Nagel		Title	President		Phone () 516-807-5112 W
Address		PO Box 327		Email	jnagel@sachemsoccer.org		Phone () H
City		Lake Ronkonkoma		State	NY		Phone () FAX
Zip Code		11741		Guest Referees Applications Accepted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
State Association or Affiliate		ENY / Long Island Junior		TEAM ENTRY DEADLINE: 11/8/2025			
Location of Tournament or Games		Sachem Waverly Ave Complex		Estimated # of Teams 80			
Date(s) of Tournament or Games		11/29 - 11/30					
Tournament or Games Director or Contact Person		Jeff Nagel		Phone () 516-807-5112 W			
Address		PO Box 327		Email		jnagel@sachemsoccer.org	
City		Lake Ronkonkoma		State		NY	
Zip Code		11741		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	1/1/		Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	2x25 min	7	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-	10	1/1/		Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	2x25 min	7	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U-	11	1/1/		Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x25 min	9	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U-	12	1/1/		Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x25 min	9	<input checked="" type="checkbox"/>	3	550	<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"/>
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

Jeff Nagel

Date 9/2/2025

APPROVAL

(For Official Use Only)STATE
ASSOCIATION OR AFFILIATE

By

Date _____

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9-25-25