



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 EMSC World Cup Indoor Tournament 2026 Website URL: http://www.eastmeadowsoccer.com/tournaments/indoor-tournament

Hosting Organization East Meadow Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Michael Cartier Title Tournament Director Phone () 631-774-1047 W

Address PO Box 147 Email mcartier@eastmeadowsoccer.com Phone () _____ H

City East Meadow State NY Zip Code 11554 Phone () _____ FAX

State Association or Affiliate ENYSA Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Long Island, NY **TEAM ENTRY DEADLINE:**

Date(s) of Tournament or Games 1/17-1/19/2026 & 2/14-2/16/2026 Estimated # of Teams 150 each weekend

Tournament or Games Director or Contact Person Michael Cartier Phone () 631-774-1047 W

Address PO Box 147 Email mcartier@eastmeadowsoccer.com Phone () _____ H

City East Meadow State NY Zip Code 11554 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- 6-8 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	17-22	5	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 9-12 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	17-22	7	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 13-18 1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	17-22	9	<input checked="" type="checkbox"/>	3	525	<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"/>
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: US Club
- ☐ 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 _____

Date 10/05/25

APPROVAL

Long Island Junior Soccer League
701-9 Koehler Avenue
Ronkonkoma, NY 11779

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

By

S. Hernandez

Date

10/5/25

Title

Prog. / Events Manager



10-6-25
for