



Please Type or Print Clearly – Do Not Staple

Name of Tournament or Games				Website URL:			
Kings 2026 Indoor Tournament				www.kappersoccer.com			
Hosting Organization				Type of Tournament:			
Merrick Soccer				<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Select & Rec			
Designate Official of Hosting Organization				Title		Phone ( )	
Manfred Kapper				DOC		W	
Address				Email		Phone ( )	
						H	
City		State		Zip Code		Phone ( )	
Freeport		NY				FAX	
State Association or Affiliate				Guest Referees Applications Accepted			
Eastern New York				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Tournament or Games				TEAM ENTRY DEADLINE:			
Coleman Country Day Camp				February 11			
Date(s) of Tournament or Games				Estimated # of Teams			
February 16-21							
Tournament or Games Director or Contact Person				Phone ( )		5163656629	
Manfred Kapper						W	
Address				Email		Phone ( )	
				info@kappersoccer.com		H	
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-	7/8	1/1/	19/18	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		20	6v6	<input type="checkbox"/>	3	350	<input type="checkbox"/>
U-	9	1/1/	17	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		25	7v7	<input type="checkbox"/>	3	350	<input type="checkbox"/>
U-	10	1/1/	16	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		25	7v7	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-	11	1/1/	15	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		25	7v7	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-	12	1/1/	14	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		25	7v7	<input type="checkbox"/>	3	425	<input type="checkbox"/>
U-	13	1/1/	13	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13		25	6v6	<input type="checkbox"/>	3	425	<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

Manfred Kapper Manfred Kapper

Date 7Oct25

## APPROVAL

(For Official Use Only)STATE  
ASSOCIATION OR AFFILIATE

## Long Islan Junior Soccer League

Date 7Oct25

By

Donna M Kelly

Title Operations Manager



10-21-25