



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 Chelsea Piers Girls Winter Indoor Soccer Le Website URL: www.chelseapiers.com

Hosting Organization Chelsea Piers Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Brandon Turner Title Soccer Manager Phone ( ) 63180633 W

Address 601 Dean Street Email bturner@chelseapiers.com Phone ( ) H

City Brooklyn State NY Zip Code 11238 Phone ( ) FAX

State Association or Affiliate ENYSSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games 601 Dean Street TEAM ENTRY DEADLINE: December 1st, 2025

Date(s) of Tournament or Games December 7, 2025 | December 14, 2025 Janu Estimated # of Teams 42 Teams

Tournament or Games Director or Contact Person Brandon Turner Phone ( ) 63180633 W

Address 601 Dean Street Email bturner@chelseapiers.com Phone ( ) H

City Brooklyn State NY Zip Code 11238 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/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	9	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	10	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	11	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	12	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	13	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	14	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	15	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<input type="checkbox"/>
U-	16	1/1/	6	S3. S4, RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	2	50min	5	<input type="checkbox"/>	8	\$1850	<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

Brandon Turner

Date 10/16/2025

## APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

APPROVED CJSL  
10/16/2025

By

D. Drueger



11-4-25  
JOL