



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 59th Annual Rudy Lamonica Memorial Website URL: www.ousc.com

Hosting Organization Oceanside United Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Michael Soto Title VP/Tournament Director Phone () 1-631-793-0364 W

Address 2890 Clarendon Rd Email msotosoccer@gmail.com Phone () _____ H

City Oceanside State NY Zip Code 11572 Phone () _____ FAX

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

Location of Tournament or Games Coleman Country Day Camp TEAM ENTRY DEADLINE: Open

Date(s) of Tournament or Games 1/31/26-2/1/26 Estimated # of Teams 150

Tournament or Games Director or Contact Person Michael Soto Phone () 516-633-1587 W

Address 2890 Clarendon Rd Email msotosoccer@gmail.com Phone () _____ H

City Oceanside State NY Zip Code 11572 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/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	5/6	<input checked="" type="checkbox"/>	3	\$435	<input type="checkbox"/>
U- 9 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	5/6	<input checked="" type="checkbox"/>	3	\$435	<input type="checkbox"/>
U- 10 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	5/6	<input checked="" type="checkbox"/>	3	\$435	<input type="checkbox"/>
U- 11 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485	<input type="checkbox"/>
U- 12 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485	<input type="checkbox"/>
U- 13 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485	<input type="checkbox"/>
U- 14 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485	<input type="checkbox"/>
U- 15 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485/\$520	<input type="checkbox"/>
U- 16 1/1/ 201	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485/\$520	<input type="checkbox"/>
U- 17 1/1/ 200	S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	21-25	6	<input checked="" type="checkbox"/>	3	\$485/\$520	<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
International

Other US Soccer Members as listed:

All USSF Affiliates

☐ 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 11/14/26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

Date 11/17/2025

By

Title Eastern New York Youth Soccer Operations Manager



11-18-25