



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

18 Aviation Road
Suite 9
Albany, NY 12205-1142

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Fifty FC Father's Day Frenzy Tournament Website URL: www.FiftyFC.com
 Hosting Organization Fifty FC Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization _____ Title President Phone () _____ W
 Address PO BOX 243 Email _____ Phone () _____ H
 City Burnt Hills State NY Zip Code 12027 Phone () _____ FAX
 State Association or Affiliate ENYYSA Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Maahwyck Park, Glenville NY. **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games June 20, 2026 Estimated # of Teams 40-70
 Tournament or Games Director or Contact Person Breanne Thomas / Joshua Culhane Phone () 518-603-4688 W
 Address _____ Email tournament@fiftyfc.com Phone () 518-956-0955 H
 City Glenville State NY Zip Code 12302 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/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2		4x2 games	<input checked="" type="checkbox"/>	4	\$250	<input type="checkbox"/>
U- 10 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3		7	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 12 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4		9	<input checked="" type="checkbox"/>	4	\$400	<input type="checkbox"/>
U- 14 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5		11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U- 16 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5		11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U- 18 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5		11	<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U- 19 1/1/	ALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5		11	<input checked="" type="checkbox"/>	4	\$450	<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:

Other U.S. soccer members- ex .AYSO, US CLUB

☐ 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

Breanne Thomas

Date 10/24/25

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____



10-24-25
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