



A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

Please Type or Print Clearly – Do Not Staple

Name of Tournament or Games		Baymen Easter Cup		Website URL:		https://www.longislandelitetournaments.com/baymen	
Hosting Organization		LIET		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		James Kelsh		Title		Director	
Address		271 Carleton Ave		Email		james@susaacademy.com	
City		Central Islip		State		NY	
Zip Code		11722		Phone ()		6317088702	
State Association or Affiliate		ENY		Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		SUSA Facility CI		TEAM ENTRY DEADLINE:		March 21	
Date(s) of Tournament or Games		April 4, 2026		Estimated # of Teams		50	
Tournament or Games Director or Contact Person		James Kelsh		Phone ()		W	
Address				Phone ()		H	
City				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	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	8	50	7	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U-	9	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	8	50	7	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U-	10	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	8	50	7	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U-	11	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	8	50	9	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U-	12	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	8	50	9	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U-	13	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	8	50	11	<input type="checkbox"/>	3	850	<input type="checkbox"/>
U-	14	8/1/		Rec/Prem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	8	50	11	<input type="checkbox"/>	3	850	<input type="checkbox"/>
U-	15	8/1/		Rec/Prem	<input type="checkbox"/>	<input type="checkbox"/>	22	8	50	11	<input type="checkbox"/>	3	850	<input type="checkbox"/>
U-		8/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/1/			<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** – US Youth Soccer Members and Affiliates only.
- ☐ Team will be restricted to teams within the national state association ☐ Teams will be invited from all US Youth State Associations/Affiliates only.
- ☒ **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- ☐ Foreign 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.

gK

1/14/26

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE _____

Date _____

By _____

Title

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

