



US Youth Soccer

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	Baymen Easter Cup	Website URL:	https://www.longislandelite.tournaments.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
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 checked="" type="checkbox"/>	22	8	50	11	<input type="checkbox"/>	3	850	<input type="checkbox"/>
U- 16	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 17	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 18	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.

JK

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.



1-16-26
JK