



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 The John Deutsch Memorial Winter Classic Website URL: eastislipsoccer.org
 Hosting Organization East Islip Soccer Club Type of Tournament: ☐ Select ☒ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Karen Jensen Title president Phone () 516330403 W
 Address 4205 Brian Lane Email kjensen@eastislipsoccer.org Phone () _____ H
 City East Islip State NY Zip Code 11730 Phone () _____ FAX
 State Association or Affiliate ENY Guest Referees Applications Accepted ☐ Yes ☒ No
 Location of Tournament or Games East islip Middle School & High School **TEAM ENTRY DEADLINE:** 2/3/26
 Date(s) of Tournament or Games 2/21/26-2/22/26 Estimated # of Teams 90
 Tournament or Games Director or Contact Person Justin Bunton & Candice Brody Phone () 631445900 W
 Address 1 Wheeler Road Email winterclassic@eastislipsoccer.org Phone () 718490752 H
 City East Islip State NY Zip Code 11730 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- 7 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	10	2	13m	5	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U- 8 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	10	2	13m	5	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U- 9 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	12	2	13m	6	<input checked="" type="checkbox"/>	4	\$375	<input type="checkbox"/>
U- 10 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	12	2	13m	6	<input checked="" type="checkbox"/>	4	\$375	<input type="checkbox"/>
U- 11 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	12	2	13m	6	<input checked="" type="checkbox"/>	4	\$375	<input type="checkbox"/>
U- 12 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	12	2	13m	6	<input type="checkbox"/>	4	\$375	<input type="checkbox"/>
U- 13 1/1/		<input type="checkbox"/>	<input type="checkbox"/>	12	2	13m	6	<input checked="" type="checkbox"/>	4	\$375	<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: _____

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

Karen Jensen

Date 12/30/25

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

Date January 5th, 2026

By Sonia Kelly

Title Operations Manager



pc 1-8-26