



Please Type or Print Clearly – Do Not Staple

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



C.D.Y.S.L.

19 Aviation Road  
Suite 9  
Albany, NY 12205-1142

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	Mountain Mayhem	Website URL:	www.northernunitedsc.com
Hosting Organization	Northern United	Type of Tournament:	<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Select & Rec
Designate Official of Hosting Organization	Tim Streeter	Title	Board member
Address	11 Bridge street	Email	aoKoye9@gmail.com
City	Fort Edward	State	NY
Zip Code	12828	Phone ( )	(518) 307-362 W
State Association or Affiliate	ENYYSL	Phone ( )	H
Location of Tournament or Games	Ridge Jenkinsville Queensbury/Golden Goal fort ann NY	Phone ( )	FAX
Date(s) of Tournament or Games	May 09, 2026	Estimated # of Teams	115
Tournament or Games Director or Contact Person	Tim Streeter	Phone ( )	518.796.2159 W
Address	49 Oak View Dr	Email	tstreeter@kyleco.com
City	Fort Edward	State	NY
Zip Code	12828	Phone ( )	H
Guest Referees Applications Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	20	2 x 4	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-	10	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	25	7	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-	12	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	25	8	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-	14	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	25	11	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-	16	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	25	11	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U-	18	1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	25	11	<input checked="" type="checkbox"/>	4		<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"/>
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**

International

Teams as listed:

Other US Soccer Members 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 *[Signature]*

Date \_\_\_\_\_

## APPROVAL

(For Official Use Only) STATE  
ASSOCIATION OR AFFILIATE \_\_\_\_\_

By \_\_\_\_\_



1-14-26