



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



Please Type or Print Clearly - Do Not Staple

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: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Tim Streeter Title Board member Phone () (518) 307-362 W

Address 11 Bridge street Email ao koye9@gmail Phone () H

City Fort Edward State NY Zip Code 12828 Phone () FAX

State Association or Affiliate ENYYSL Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Ridge Jenkinsville Queensbury/Golden Goal fort ann NY **TEAM ENTRY DEADLINE:**

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 Phone () H

City Fort Edward State NY Zip Code 12828 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/		<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** 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 _____

Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____

By _____



1-14-26