



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 2026 Niskayuna Soccer Classic Website URL: https://niskayunasoccerclub.org/
 Hosting Organization Niskayuna Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Christopher Fenlon Title President Phone () _____ W
 Address PO Box 9096 Email christopher.fenlon@gmail.com Phone () _____ H
 City Niskayuna State NY Zip Code 12309 Phone () _____ FAX
 State Association or Affiliate CDYSL/ENYUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Zenner Soccer Complex 2699 Zenner Rd, Niskayuna, NY 12309 **TEAM ENTRY DEADLINE:** 5/4/26
 Date(s) of Tournament or Games 6/6/26-6/7/26 Estimated # of Teams 100-150
 Tournament or Games Director or Contact Person Gillian Dessis-Dinneen Phone () 518-669-9838 W
 Address 1356 Clifton Park Rd Email dinneeng1@gmail.com Phone () _____ H
 City Niskayuna State NY Zip Code 12309 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	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	2	20		<input checked="" type="checkbox"/>	4	\$450	<input type="checkbox"/>
U- 10	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	2	25		<input checked="" type="checkbox"/>	4	\$700	<input type="checkbox"/>
U- 12	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	2	30		<input checked="" type="checkbox"/>	4	\$800	<input type="checkbox"/>
U- 14	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	3	40		<input checked="" type="checkbox"/>	4	\$900	<input type="checkbox"/>
U- 16	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	3	40		<input checked="" type="checkbox"/>	4	\$900	<input type="checkbox"/>
U- 18	S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22 max	3	40		<input checked="" type="checkbox"/>	4	\$900	<input type="checkbox"/>
U-		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		<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 Christopher Fenlon Date 1/20/26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date _____

By _____ Title _____



2-26-26