



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 Annual East Meadow Summer Tournament Website URL: www.eastmeadowsoccer.com
 Hosting Organization East Meadow Soccer Club Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Michael Cartier Title Tournament Director Phone () 631-774-1047 W
 Address PO Box 147 Email mcartier@eastmeadowsoccer.com Phone () _____ H
 City East Meadow State NY Zip Code 11554 Phone () _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Nassau County, NY **TEAM ENTRY DEADLINE:** August 1st
 Date(s) of Tournament or Games 8/29 & 8/30/2026 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Michael Cartier Phone () 631-774-1047 W
 Address PO Box 147 Email mcartier@eastmeadowsoccer.com Phone () _____ H
 City East Meadow State NY Zip Code 11554 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-	U6-U8	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9	3	50	5	<input type="checkbox"/>	3	450	<input type="checkbox"/>
U-	9-10	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input type="checkbox"/>	3	725	<input type="checkbox"/>
U-	11-12	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input type="checkbox"/>	3	775	<input type="checkbox"/>
U-	13-19	1/1/	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	60	11	<input type="checkbox"/>	3	825	<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"/>
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: _____
- 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 03/07/26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Long Island Junior Soccer League Date March 20, 2026

By [Signature] Title Operations Manager



3-23-26