



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 Long Island Classic On Memorial Weekend Website URL: longislandclassic.com
 Hosting Organization Sachem/Smithton/West Islip Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Mike Lombardi Title President Phone () 631-648-8877 W
 Address 5 PO Box Email president@westislipsoccer.com Phone () _____ H
 City Sachem/Smithtown/West Islip State NY Zip Code 11795 Phone () _____ FAX
 State Association or Affiliate ENYS Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Sachem/Smithtown/West Islip TEAM ENTRY DEADLINE: 1 month before start
 Date(s) of Tournament or Games May 23-24 2026 Estimated # of Teams 225
 Tournament or Games Director or Contact Person Rick deVres Phone () 631-804-2885 W
 Address 5 PO Box Email director@longislandsoccerclassic.com Phone () _____ H
 City West Islip State NY Zip Code 11795 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/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x20Min		<input checked="" type="checkbox"/>	3		<input type="checkbox"/>
U- 9 1/1/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x25min		<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 10 1/1/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x25min		<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 11 1/1/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x25min		<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 12 1/1/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x25min		<input checked="" type="checkbox"/>	4		<input type="checkbox"/>
U- 13 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- to 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 19 1/1/	Unrestricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x25min		<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"/>

*List of types of teams and tournaments is on reverse side of this form.

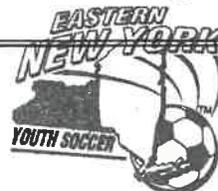
- RT RESTRICTED TOURNAMENT -Open only to members of US Youth Soccer and its State Associations.
- Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 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 Michael Lombardi Date 3/5/26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Long Island Junior Soccer League
701-9 Koehler Avenue
Ronkonkoma, NY 11779 Date 3/12/26
 By S. Hernandez Title Prog. Events Manager



3-13-26