



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

Chris Gulme

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Ulster Future Stars Unity Cup Website URL: _____

Hosting Organization AYSO United Hudson Valley Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Jodico Council Title Director of Coaching Phone () 212-504-8001 W

Address 8 Small World Avenue Email jodi@AthleticSoccerClub.org Phone () _____ H

City Saugerties State NY Zip Code 12477 Phone () _____ FAX

State Association or Affiliate ENYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Field of Dreams, New Paltz, NY **TEAM ENTRY DEADLINE:** June 1st, 2026

Date(s) of Tournament or Games June 6th, 2026 Estimated # of Teams 64

Tournament or Games Director or Contact Person JODI COUNCIL Phone () 212-504-8001 W

Address 8 Small World Avenue Email jodi@AthleticSoccerClub.org Phone () _____ H

City Saugerties State NY Zip Code 12477 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/ 18	S1,S2,S3,S4 & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	3	15 Minutes	3	<input checked="" type="checkbox"/>	2	\$60	<input type="checkbox"/>
U- 10 1/1/ 16	S1,S2,S3,S4 & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	3	15 Minutes	3	<input checked="" type="checkbox"/>	2	\$60	<input type="checkbox"/>
U- 12 1/1/ 14	S1,S2,S3,S4 & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	3	15 Minutes	3	<input checked="" type="checkbox"/>	2	\$60	<input type="checkbox"/>
U- 18 1/1/ 08	S1,S2,S3,S4 & RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	3	15 Minutes	3	<input checked="" type="checkbox"/>	2	\$60	<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: US Club, AYSO, USYS
- 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 Jodi Council Date April 30, 2026

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE _____ Date April 30, 2026

By _____ Title _____

Jodi Council

5-8-26