



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

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**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games OUSC 33rd Annual Bob Schragger Memorial Cup Website URL: WWW.OUSC.COM

Hosting Organization Oceanside United Soccer Club Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Michael Soto Title Tournament Director/Vice President OUSC Phone ( ) 516442-2639 W

Address P.O. Box 81 Email msotosoccer@gmail.com Phone ( ) \_\_\_\_\_ H

City Oceanside State New York Zip Code 11572 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate Eastern New York Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Oceanside Park/OMS/Speno/FOD East Meadow **TEAM ENTRY DEADLINE:** 8/21/26

Date(s) of Tournament or Games 9/5/26-9/6/26 Estimated # of Teams 150-200

Tournament or Games Director or Contact Person Michael Soto- Tournament Director Phone ( ) \_\_\_\_\_ W

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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/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x 25	7	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 9 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x 25	7	<input checked="" type="checkbox"/>	3	\$755	<input type="checkbox"/>
U- 10 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x 25	7	<input checked="" type="checkbox"/>	3	\$755	<input type="checkbox"/>
U- 11 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x 25	9	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 12 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x 25	9	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 13 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x 25	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 14 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x 25	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 15 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x 25	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 16 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x 25	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 17/18 1/1/	UT,S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x 25	11	<input checked="" type="checkbox"/>	3	\$850	<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

*[Handwritten Signature]*

Date 6/21/26

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

06/23/2026

By Sonia Kelly



Operations Manager

*[Handwritten Signature]*