



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 Brentwood Father's Day Tournament Website URL: www.brentwoodyouthsoccer.com
 Hosting Organization Brentwood Youth Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Violette Smith Title President Phone () 6313982527 W
 Address 19 Pelham Dr Email vsmith19y@yahoo.com Phone () 6313982527 H
 City Brentwood State NY Zip Code 11717 Phone () 6319514480 FAX
 State Association or Affiliate Eastern New York Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Brentwood State Park TEAM ENTRY DEADLINE: 6/5/2024
 Date(s) of Tournament or Games 6/15-2024-6/16/2024 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Herb Chow Phone () 6312523603 W
 Address 183 Prospect Place Email hc7566@yahoo.com Phone () 6312523603 H
 City Bayshore State NY Zip Code 11706 Phone () 6319514480 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- 7 1/1/ 2017 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | N/A | 50 | 6V6 | <input checked="" type="checkbox"/> | 3 | \$525.00 | <input type="checkbox"/> |
| U- 8 1/1/ 2016 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | N/A | 50 | 6V6 | <input checked="" type="checkbox"/> | 3 | \$525.00 | <input type="checkbox"/> |
| U- 9 1/1/ 2015 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | N/A | 50 | 7V7 | <input checked="" type="checkbox"/> | 3 | \$550.00 | <input type="checkbox"/> |
| U- 10 1/1/ 2014 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | N/A | 50 | 7V7 | <input checked="" type="checkbox"/> | 3 | \$550.00 | <input type="checkbox"/> |
| U- 11 1/1/ 2013 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | N/A | 50 | 9V9 | <input checked="" type="checkbox"/> | 3 | \$600.00 | <input type="checkbox"/> |
| U- 12 1/1/ 2012 | S3/S4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | N/A | 50 | 9V9 | <input checked="" type="checkbox"/> | 3 | \$600.00 | <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

Violette Smith

Date 3/26/2024

APPROVAL

(For Official Use Only)STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

Date 3/26/2024

By Sonia Kelly

Title Operations Manager

