



Mailed 7/15/08

East Hudson Youth Soccer League
407 Route 6
Mahopac, NY 10541

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

Please Type or Print Clearly - Do Not Staple

Chris Gulmi

APPLICATION TO HOST A TOURNAMENT OR GAMES

Town of Walkill College

Name of Tournament or Games Showcase Website URL: www.Townsoccerclub.com
 Hosting Organization Town of Walkill Soccer Club Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization Dorothy Gouger Title Showcase Director Phone () _____ W
 Address 6 Autumn Leaf Court Email dgouger@hvc.nj.com Phone (845) 457-5971 H
 City Montgomery State NY Zip Code 12545 Phone (846) 224-8459 FAX
 State Association or Affiliate ENYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Town of Walkill TEAM ENTRY DEADLINE: 10/1/2008 (Girls) 10/15/2008 (Boys)
 Date(s) of Tournament or Games Nov 1/2, 2008 (Girls) Nov 8/9, 2008 (Boys) Estimated # of Teams 80 (50 girls 30 boys)
 Tournament or Games Director or Contact Person Dorothy Gouger Phone () _____ W
 Address 6 Autumn Leaf Court Email dgouger@hvc.nj.com Phone (845) 457-5971 H
 City Montgomery State NY Zip Code 12549 Phone (846) 223-8459 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- 17 8/1/	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 min	11	<input type="checkbox"/>	4	650	<input type="checkbox"/>
U- 18 8/1/	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 min	11	<input type="checkbox"/>	4	650	<input type="checkbox"/>
U- 19 8/1/	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 min	11	<input type="checkbox"/>	4	650	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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.
- UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
- Teams as listed: International

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 *Dorothy Gouger*

Date 7/11/08

APPROVAL

EASTERN NY YOUTH SOCCER ASSOC. INC.

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *Jude Wolfe*

Date 10/14/08

Title office