



Please Type or Print Clearly - Do Not Staple

Mahopac, NY ~~Nov 2~~ 2009

APPLICATION TO HOST A TOURNAMENT OR GAMES

Chris Gulmi

Name of Tournament or Games TOWN OF WAIKILL COLLEGE SHOWCASE Website URL: WWW.TOWNSOCCERCLUB.COM

Hosting Organization TOWN OF WAIKILL SOCCER CLUB Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization TOM VAN PELT Title SHOWCASE DIRECTOR Phone ( ) \_\_\_\_\_ W

Address 25 JONES ROAD Email TVANPELT@HVC.RR.COM Phone 845 749-8816 H

City PINE BUSH State N.Y. Zip Code 12566 Phone 845 876-8652 FAX

State Association or Affiliate ENYSA Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games TOWN OF WAIKILL TEAM ENTRY DEADLINE: 10/10/09 (girls) 10/15/09 (boys)

Date(s) of Tournament or Games Nov 7/8 2009 (girls) Nov 14/15 2009 (boys) Estimated # of Teams 80 (50 girls - 30 boys)

Tournament or Games Director or Contact Person TOM VAN PELT Phone ( ) \_\_\_\_\_ W

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City PINE BUSH State NY Zip Code 12566 Phone 845 876-8652 FAX

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11/1/09

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/	51, 52, 53, 54	<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/	51, 52, 53, 54	<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/	51, 52, 53, 54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	50 min	11	<input type="checkbox"/>	4	650	<input type="checkbox"/>
U-16 8/1/	51, 52, 53, 54	<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"/>

\*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
- International 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 [Signature] Date 7/18/09

APPROVAL EASTERN NY YOUTH SOCCER ASSOC. INC.

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Date 8/25/09

By Deane Knight Title officer

Revised EASTERN NY YOUTH SOCCER ASSOC. INC.