

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games LI FUTSAL 5-A-SIDE SUMMER SHOOTOUT Website URL WWW.LIFUTSAL.COM
 Hosting Organization LONG ISLAND FUTSAL LEAGUE, INC. Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization JOHN BRANCA Title PRESIDENT Phone () 6317907481 W
 Address 102 BUFFALO AVE. Email LIFUTSAL@GMAIL.COM Phone () _____ H
 City MEDFORD State NY Zip Code 11763 Phone () _____ FA
 State Association or Affiliate ENYSSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games MEDFORD ATHLETIC COMPLEX TEAM ENTRY DEADLINE: JULY 10, 2023
 Date(s) of Tournament or Games JULY 22 & 23, 2023 Estimated # of Teams 90
 Tournament or Games Director or Contact Person JOHN BRANCA Phone () 6317907481 W
 Address 102 BUFFALO AVE Email LIFUTSAL@GMAIL.COM Phone () _____ H
 City MEDFORD State NY Zip Code 11763 Phone () _____ FA

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- 10 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$275	<input type="checkbox"/>
U- 11 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$275	<input type="checkbox"/>
U- 12 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$275	<input type="checkbox"/>
U- 13 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$275	<input type="checkbox"/>
U- 14 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U- 15 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U- 16 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$325	<input type="checkbox"/>
U- 17-19 1/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		25 MINUTES	5	<input checked="" type="checkbox"/>	4	\$325	<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 SOCCER, AYSO
- 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

John Branca
 APPROVED
 LONG ISLAND JUNIOR SOCCER LEAGUE
 Date 3/13/2023
3-17-23

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____



[Handwritten Signature]
 Date 3-20-23