



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: **FUTSAL FEST** Website URL: newyorkfutsal.com & lifutsal.com
 Hosting Organization: **New York Futsal and Long Island Futsal (LIFL)** Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization: **Jaime Arles (New York Futsal) John Branca (LIFL)** Title: **President** Phone (917) 861-9782 W
 Address **233 W 77TH STREET SUITE 3 G** Email: Jaime@newyorkfutsal.com Phone () H
 City **New York** State **NY** Zip Code **10024** Phone () FAX
 State Association or Affiliate: **EASTERN NEW YORK YOUTH SOCCER ASSOCIATION** Guest Referees Applications Accepted Yes No
 Location of Tournament or Games **5600 Old Sunrise Hwy. Massapequa, NY 11758** **TEAM ENTRY DEADLINE: NOVEMBER 28, 2021**

Date(s) of Tournament or Games **December 4, 11, 2021** Estimated # of Teams **35**
 Tournament or Games Director of Contact Person **John Branca** Phone **(831) 790-7484 (C)**

Address **102 Buffalo Ave.** Email: lifutsal@gmail.com
 City **Medford** State **New York** Zip Code **11763**

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	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U- 11	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U- 12	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U- 13	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U- 14	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U- 15	1/1/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	YES	25 min.	5	<input checked="" type="checkbox"/>	4	\$315	<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	1/1/1	<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 TO** Other US Soccer Members as listed US CLUB SOCCER
- 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
 10-13-21
 Date **Oct. 12, 2021**

APPROVAL
 (For Official Use Only) STATE ASSOCIATION OR AFFILIATE ENYYS NEW YORK YOUTH SOCCER
 By [Signature]

Date 10/13/2021
 Title offici