



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 2009 North Hempstead Cup Website URL: www.northhempsteadcup.com  
 Hosting Organization Port Washington Soccer Club Type of Tournament:  Select  Recreational  Select & Recr  
 Designate Official of Hosting Organization Skip Stern Title Executive Vice President Phone (516) 521-9195 M  
 Address P.O. Box 2067 Email skipstern@aol.com Phone ( ) \_\_\_\_\_ H  
 City Port Washington State NY Zip Code 11050 Phone (516) 767-9509 FAX  
 State Association or Affiliate Eastern NY Youth Soccer Assoc (ENYYSA) Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Nassau County, Long Island **TEAM ENTRY DEADLINE:** TBD  
 Date(s) of Tournament or Games October 9-11, 2009 Estimated # of Teams 200-250  
 Tournament or Games Director or Contact Person Skip Stern Phone (516) 521-9195 M  
 Address P.O. Box 2131 Email skipstern@aol.com Phone ( ) \_\_\_\_\_ H  
 City New Hyde Park State NY Zip Code 11040 Phone (516) 767-9509 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-	10	8/1/	99	S1, S2, S3	Y	Y	12	3	50	7	Y	4	\$475	N
U-	11	8/1/	98	S1, S2, S3	Y	Y	15	3	50	9	Y	4	\$475	N
U-	12	8/1/	97	S1, S2, S3	Y	Y	18	3	60	11	Y	4	\$525	N
U-	13	8/1/	96	S1, S2, S3	Y	Y	18	3	60	11	Y	4	\$525	N
U-	14	8/1/	95	S1, S2, S3	Y	Y	18	3	60	11	Y	4	\$525	N
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.  
 **UT UNRESTRICTED**  
 **TOURNAMENT** Other US Soccer Members as listed: \_\_\_\_\_  
 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

*[Signature]*

**APPROVED**  
**LONG ISLAND JUNIOR SOCCER LEAGUE**  
 Date 5/21/08  
 5-29-09 *[Signature]*

**APPROVAL**

**EASTERN NY YOUTH SOCCER ASSOC. INC.**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *Diana Knight* Date 6/3/09  
 Title *offici*