



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 2008 Noah Hempstead Cup Website URL: www.NorthHempsteadCup.com  
 Hosting Organization Great Neck Soccer Club Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Kerry Baron Title President Phone (516) 528 1234  
 Address 10 Bancroft Ln Email RKCTJT@AOL.COM Phone (516) 829 7115  
 City Great Neck State NY Zip Code 11024 Phone (516) 773 2388  
 State Association or Affiliate ENNYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Nassau County Long Island TEAM ENTRY DEADLINE: \_\_\_\_\_  
 Date(s) of Tournament or Games Oct 10, 11, 12 Estimated # of Teams 250  
 Tournament or Games Director or Contact Person Skip Stern Phone ( ) \_\_\_\_\_ W  
 Address 9 Richards Road Email \_\_\_\_\_ Phone 516 767 6436 H  
 City Port Washington State NY Zip Code 11050 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/ 98	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	4	425	<input checked="" type="checkbox"/>
U- 11 8/1/ 97	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	3	50	9	<input checked="" type="checkbox"/>	4	425	<input checked="" type="checkbox"/>
U- 12 8/1/ 96	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	4	475	<input checked="" type="checkbox"/>
U- 13 8/1/ 95	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	4	475	<input checked="" type="checkbox"/>
U- 14* 8/1/ 94	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	4	475	<input checked="" type="checkbox"/>
U- 15* 8/1/ 93	S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	4	475	<input checked="" 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/	*U/14 & U/15 age groups may be combined at the discretion of the tournament Director										<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

*[Handwritten Signature]*

APPROVED  
LONG ISLAND JUNIOR  
SOCCER LEAGUE  
8-5-08 *[Signature]*

Date 6/15/08

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

*[Handwritten Signature]*

EASTERN NY YOUTH  
SOCCER ASSOC INC

*[Handwritten Signature]*  
President

8/7/08