



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games New York City Indoor Classic 2010 Website URL: www.Brooklynitalians.org
 Hosting Organization Brooklyn Italians SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Joseph Barone Title Director Phone 347 578-1511 W
 Address 5725 18th Avenue Email JBa4570735@aol.com Phone () _____ H
 City Brooklyn State New York Zip Code 11204 Phone () _____ FAX
 State Association or Affiliate Eastern New York Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Pratt Institute **TEAM ENTRY DEADLINE:** January 18, 2010
 Date(s) of Tournament or Games February 5-6-7, 2010 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Giulio Mancuso Phone 917 288-5474 W
 Address 5725 18th Avenue Email Giulio.mancuso@draftfcb.com Phone () _____ H
 City Brooklyn State New York Zip Code 11204 Phone () _____ 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- 8	8/1/ 01 RT, S1,S2,S3,S4	X	X	11	0	18 minute	7	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 9	8/1/ 00 RT, S1,S2,S3,S4	X	X	11	0	18 minute	7	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 10	8/1/ 99 RT, S1,S2,S3,S4	X	X	11	0	18 minute	7	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 11	8/1/ 98 RT, S1,S2,S3,S4	X	X	11	0	18 minute	7	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 12	8/1/ 97 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 13	8/1/ 96 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 14	8/1/ 95 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 15	8/1/ 94 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 16	8/1/ 93 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 17	8/1/ 92/ RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<input type="checkbox"/>
U- 19	8/1/ 91 RT, S1,S2,S3,S4	X	X	11	0	18 minute	6	1st & 2nd	3	\$275	<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
- 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

Emil Cahill

 Date 10-23-09

Cosmopolitan Junior Soccer League, Emil Cahill, Secretary

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

EASTERN NY YOUTH SOCCER ASSOC. INC.

By *Julda Wolfe*

Date 10/29/09
 Title office