



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Mid Season Tournament Website URL: www.pcsc.org
 Hosting Organization Port Chester Soccer Club Type of Tournament: S3 Select Recreational Select & Rec
 Designate Official of Hosting Organization Cesar Aliaga Title Coordinator Phone 717 531-5360 W
 Address 222 Grace Church St Email c.aliaga@comcast.net Phone (914) 557-6444 M
 City Port Chester State NY Zip Code 10573 Phone (914) _____ FAX
 State Association or Affiliate ENYUSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Columbus Park Turf **TEAM ENTRY DEADLINE:** May 7, 2008
 Date(s) of Tournament or Games 05/24/08 & 05/25/08 Estimated # of Teams 8
 Tournament or Games Director or Contact Person Jose Perdomo Phone () _____ W
 Address 222 Grace Church St Email perdomo1374@hotmail.com Phone (914) 469-4808 H
 City Port Chester State NY Zip Code 10573 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- 11 8/1/ 96	Any first & second division	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	no	40 minutes	9	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U- 13 8/1/ 94	first or second division	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	no	45 minutes	11	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U- 14 8/1/ 93	first or second division	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	n0	45 minutes	11	<input checked="" type="checkbox"/>	3	300	<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"/>
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"/>

See D'Angenio

WYSL REGISTRAR

*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 Cesar Aliaga Date 4/8/08

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

EASTERN NY YOUTH SOCCER ASSOC. INC.

By Barry Salter

Date 04/11/2008
Title President