Host Tournament/ Event

To host a SAY sanctioned tournament/event, please submit this completed form and tournament/event rules via email to bbegley@saysoccer.org

SAY Soccer is a National Member of the United States Soccer Federation,

affiliated with the Federation Internationale De Football Association

If you have questions, please contact a <u>SAY National Staff Member</u> prior to completing this application.





Sanctioned Event

Tournament/Ev	ent Information				1,200 (100 (100 (100 (100 (100 (100 (100 (
Tournament Type: (mark with 'x')		Closed: (SAY	only)	Open:(all USSF affiliated teams) X		
Name of Tournament/Event: 25 th Annual Bob Schrager Memorial – Long Island Cup						
Tournament/Event Date(s): September 1 st and 2 nd , 2018						
SAYArea/Premier Program: Just Say Soccer						
District: (if applicable)						
Hosting Team/Club/League/Association: Oceanside United/NYCSL - LIJSL/ENYYSA						
Tournament/Event Director:						
Name: Neil Bloom Phone: 516			40.7370 Email: NBloom@Shankerlaw.com			
SAY Representati	ive: (if different from Dire	ector)				
Name: Phone:				Email:		
Minimum number of games played by each team: 3				Entry Fee: \$450-\$	700	
Tournament/ Event will include the following categories: (mark with 'x')						
X Boys (U8) (Passers)	X Boys (U10) (Wings)	X Boys (U12) (Strikers)	X Boys (U14) (Kickers)	X Boys (U16) (Minors)	X Boys (U19) (Seniors)	
X Girls (U8) (Passers)	X Girls (U10) (Wings)	X Girls (U12) (Strikers)	X Girls (U14) (Kickers)	X Girls (U16) (Minors)	X Girls (U19) (Seniors)	
Signature (SAY Representative) Signature (President)			Date 4 12 18			
Signature (Presidept) Date						
Approval (Office Use Only)						
Application: Approved: \(\sqrt{\frac{1}{2}} \)			Not Approved:			
Signature (SAY National Authorization) Date						

In granting this permission to host a tournament or games, neither SAY nor the SAY Program shall be liable for transportation, lodging or injury to person or property sustained in the course of the sanctioned event.