



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 51st Annual Bob Schragger Memorial - LI Cup Website URL OUSC.COM

Hosting Organization Oceanside United Type of Tournament Select  Recreational  Select & Rec.

Designate Official of Hosting Organization Mike O'Malley Title President Phone ( ) 5163176828 W

Address PO Box 81 Email omalleycoach@aol.com Phone ( ) 5163176829 H

City Oceanside State NY Zip Code 11572 Phone ( ) \_\_\_\_\_ FAX \_\_\_\_\_

State Association or Affiliate ENYSSA Guest Referee Applications Accepted Yes  No

Location of Tournament or Games Michel Fed/Oceanside Park & Schools/Spino Park **TEAM ENTRY DEADLINE:** 08/13/2018

Date(s) of Tournament or Games Director or Contact Person Neil Bloom 9/1 + 9/2 Phone ( ) 5167414000 W

Address PO Box 81 Email NBloom@Shankerlaw.com Phone ( ) 5166783728 H

City Oceanside State NY Zip Code 11572 Phone ( ) 5167414565 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- 7	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50'	6	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 8	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50'	6	<input checked="" type="checkbox"/>	3	\$450	<input type="checkbox"/>
U- 9	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50'	7	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 10	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50'	7	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 11	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50'	9	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 12	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	50'	9	<input checked="" type="checkbox"/>	3	\$625	<input type="checkbox"/>
U- 13	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 14	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 15	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 16	RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<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.
- Teams 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: all USSF affiliates

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.

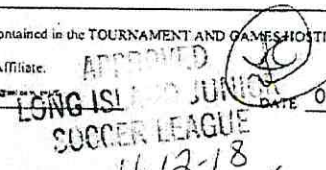
Signature of Designated Official of Hosting Organization Mike O'Malley DATE 04/11/2018

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Abraham Gendek  
ENYSSA

Date 4/17/18  
Title office





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Address PO Box 81 Email omalleycoach@aol.com Phone ( ) 5163176829 H

City Oceanside State NY Zip Code 11572 Phone ( ) \_\_\_\_\_ FAX \_\_\_\_\_

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U- 17 1/1/ 2002	RT; S1; S2; S3; S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 18 1/1/ 2001	RT; S1; S2; S3; S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 19 1/1/ 2000	RT; S1; S2; S3; S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	50'	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

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AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization \_\_\_\_\_ DATE 04/11/2018

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_



US Youth Soccer

TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to 25th Annual Bob Schreger Memorial - LI Cup to hold a tournament

or games at Oceanside United Oceanside NY
(Hosting Organization) (City) (State)

On the dates of 09/01 & 09/02, 20 18, we agree to the following conditions:

ABIDE BY RULES: We shall abide by all statements made in our approved US Youth Soccer Application to Host A Tournament or Games, in our tournament invitation, in our tournament rules, in the US Youth Soccer Travel and Tournament Policy and in this US Youth Soccer Tournament or Games Hosting Agreement. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin and that we will not advertise by any means the tournament or games until all approvals are received.

INVITATIONS: The tournament or games approval form shall accompany all tournament or games invitations distributed.

HOUSING: We agree that we will not require a team to use only accommodations approved or provided by the hosting organization or other organization, unless disclosure is made on the tournament application form of the required hotel/motel names and the guaranteed rates.

PROCURING LIABILITY INSURANCE: We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by

REQUIRING MEDICAL AUTHORIZATIONS: We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form. These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official.

ADVANCE PUBLICATION OF RULES: We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.

CREDENTIALS CHECKS: We agree that we shall conduct credentials checks to ensure that all players are registered with US Youth Soccer or US Soccer or a member thereof or their national association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer Application to Host a Tournament or Games. We agree that we will not modify or mark in any way original rosters or member passes; and will not register any player, coach, or team official or issue any member pass.

USE OF US SOCCER REGISTERED REFEREES: We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups: There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (NOTE: ONLY US Soccer certified assignors may be used.):

Name Nick Apostolides Phone ( ) 6316488877 W
Address 701-9 Koehler Avenue Email lisra@ix.netcom.com Phone ( ) H
City Ronkonkoma State NY Zip 11779 Phone ( ) 6316488875 Fax

AVAILABILITY OF POLICE AND RESCUE SERVICE: We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed. We will use the following method(s) of contacting emergency services 911

TOURNAMENT OR GAME RULES - BEHAVIOR: We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that—

LONG ISLAND JUNIOR SOCCER LEAGUE 4-12-18