



SOCCER ASSOCIATION FOR YOUTH, USA

2812 East Kemper Road | Cincinnati, OH 45241
513-769-3800 800-233-7291 Fax: 513-769-0500



A National Member of the United States Soccer Federation
Affiliated with the Federation Internationale De Football Association

APPLICATION TO HOST TOURNAMENTS OR GAMES

For open tournaments please include that your tournament is sanctioned by SAY Soccer in any advertising media.

Name of Tournament 23rd Annual Bob Schrage Memorial - Long Island Cup

Hosting Team/Club/League/Association Oceanside United

Restricted Tournament (SAY Only) Open Tournament (All Teams Affiliated with the USSF)

SAYArea Just Say Soccer District _____

Tournament Director Neil Bloom Date Submitted 2/23/16

Address PO Box 81 Phone 516-640-7370

City Oceanside State NY Zip 11572

Tournament/Game Date(s) 9/3/16 + 9/4/16

SAYArea Representative Kris DeBenedittis

Phone Number (Day) (516) 319-2204 Email Kdbenedittis@nyclubsoccerleague.com

SAYAREA Representative Signature K. DeBenedittis Date 2/23/16

SAYAREA President Signature [Signature] Date 2/23/16

Minimum number of games played by each team 3 Entry Fee \$425 - \$675

Tournament/Game will include the following categories: All age groups U7 - U19.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Boys Passers (U-8) | <input checked="" type="checkbox"/> Girls Passers (U-8) |
| <input checked="" type="checkbox"/> Boys Wings (U-10) | <input checked="" type="checkbox"/> Girls Wings (U-10) |
| <input checked="" type="checkbox"/> Boys Strikers (U-12) | <input checked="" type="checkbox"/> Girls Strikers (U-12) |
| <input checked="" type="checkbox"/> Boys Kickers (U-14) | <input checked="" type="checkbox"/> Girls Kickers (U-14) |
| <input checked="" type="checkbox"/> Boys Minors (U-16) | <input checked="" type="checkbox"/> Girls Minors (U-16) |
| <input checked="" type="checkbox"/> Boys Seniors (U-19) | <input checked="" type="checkbox"/> Girls Seniors (U-19) |

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

***** PLEASE ATTACH A COPY OF THE TOURNAMENT RULES *****

** FOR SAY NATIONAL OFFICE USE ONLY **



This Application is APPROVED This Application is NOT APPROVED

Tamie Blanton 02/24/2016
SAY National Authorization Date