

US YOUTH SOCCER/ NEW JERSEY YOUTH SOCCER APPLICATION TO HOST A SANCTIONED TOURNAMENT



Name of Tournament: Fall Kick Off								te URL: ht	tps://www.i	isportingever	nts.com/	ise-
Hosting Organization: NJYS - Member Leagues							Tournament Type: Invitational					
Designate Official of Hosting Organization.												w
Address:						Email:						н
City: State:												
State Association	or Affiliate:					Guest Ref	eree Appli	cations Allo	wed:			
Location of Tourna	ament: Morris County						TEAM EN	TRY DEAD	DLINE: 08/0	8/2025		
Date(s) of Tournament: 08/23/2025 - 08/24/2025												
Tournament Direct	tor or Contact Person: $S_{\underline{t}}$	wart	Sm	ith					Phone:			w
Address: 8 Corr	11.0					Email:	ssmith@i	isportinge		(862) 242-01		н
Address: 8 Cornwall Ct City: East Brunswick State: NJ						09916 2221						
Age Groups Accepted	Type(s) of Teams Accepted	В	G	Roster Size	# of Guest Players	Length of Games	# of Players on	Awards	Minimum # of Games	Entry Fee	Bond	
T 09U	Club	Х	X	14	Allowed 5	50	Field 7	X	3	795		
T 10U	Club		Х	14	5	50	7	X	3	795		
T 11U T 12U	Club Club	X X	X X	14 14	5 5	50 50	9 9	X X	3	825 825		
T 13U	Club	X	X	18	5	60	11	X X	3	945		_
T 14U	Club	X	X	18	5	60	11	X	3	945		
T 15U	Club	Х	Х	18	5	60	11	X	3	945		
T 16U	Club	Х	Х	18	5	60	11	X	3	945		
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	CTED TOURNAMENT - TRICTED TOURNAME							у.				
[Foreign Teams Acce	pted										
	ization agrees to ground by a ving State Association or Affili		mply	with the to	erms contain	ied in the T	OURNAMEN	IT HOSTING	AGREEMENT a	and all applicabl	e	
Signature of Designated Official of Hosting Organization Ash Wells							Date					
					APPROVAI Official Use (
STATE ASSOCIATION OR AFFILIATE: New Jersey Youth Soccer								Date: 02/07/2025				
APPRO	/	sey Yo	uth S	occer – 3 P	aragon Way,	Suite 400, Fr	reehold, NJ (
APPRU	ved ission to host a tournament or											