



Please Type or Print Clearly – Do Not Staple

A Proud Member of US Soccer  
Affiliated with the Federation Internationale de Football Association

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	Niskayuna Soccer Classic			Website URL	https://niskayunasoccerclub.org		
Hosting Organization	Niskayuna Soccer Club			Type of Tournament:	<input type="checkbox"/> Select	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Select & Rec
Designate Official of Hosting Organization	Christopher Fenlon	Title	President	Phone	(518) 5068945		
Address	P.O. Box 9096			Email	christopher.fenlon@gmail.com		
City	Niskayuna	State	NY	Zip Code	12309		
State Association or Affiliate	CDYSL			Guest Referees Applications Accepted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Tournament or Games	Zenner Road Soccer Complex			TEAM ENTRY DEADLINE: May 1, 2025			
Date(s) of Tournament or Games	June 7 & 8, 2025			Estimated # of Teams 100			
Tournament or Games Director or Contact Person	Gillian Dessim-Dinneen			Phone	(518) 669-9838 W		
Address	P.O. Box 9096			Email	Niskyclassictournament@gmail.com		
City	Niskayuna	State	NY	Zip Code	12309		

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-8	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	20	2x4	<input type="checkbox"/>	4	\$450	<input type="checkbox"/>
U-10	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	2	25	7	<input type="checkbox"/>	4	\$700	<input type="checkbox"/>
U-12	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	2	30	9	<input type="checkbox"/>	4	\$775	<input type="checkbox"/>
U-14	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U-16	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<input type="checkbox"/>
U-19	1/1/		S2-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	40	11	<input type="checkbox"/>	4	\$925	<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"/>

\*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

Date 1/15/25

### APPROVAL

(For Official Use Only) STATE  
ASSOCIATION OR AFFILIATE

By \_\_\_\_\_



Date \_\_\_\_\_

Title \_\_\_\_\_