



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 PWSC 3rd Annual Pierce Slutsky Thanksgiving Cup Website URL: www.pwscthanksgivingcup.com

Hosting Organization Port Washington Soccer Club Type of Tournament: ☐ Select ☒ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Lyle Stein Title President Phone ( ) 516-640-2510 W

Address PO Box 2067 Email information@portsoccerclub.com Phone ( ) H

City Port Washington State NY Zip Code 11050 Phone ( ) FAX

State Association or Affiliate ENYYSA Guest Referees Applications Accepted ☐ Yes ☒ No

Location of Tournament or Games Schreiber High School, Port Washington TEAM ENTRY DEADLINE: November 10, 2025

Date(s) of Tournament or Games November 29, 2025 Estimated # of Teams 75

Tournament or Games Director or Contact Person Lyle Stein Phone ( ) 516-640-2510 W

Address PO Box 2067 Email lylestein@portsoccerclub.com Phone ( ) H

City Port Washington State NY Zip Code 11050 Phone ( ) 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 1/1/ 2019	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	n/a	24 minutes	4v4	<input checked="" type="checkbox"/>	3	\$250	<input type="checkbox"/>
U- 8 1/1/ 2018	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	n/a	24 minutes	4v4	<input checked="" type="checkbox"/>	3	\$250	<input type="checkbox"/>
U- 9 1/1/ 2017	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	n/a	24 minutes	4v4	<input checked="" type="checkbox"/>	3	\$250	<input type="checkbox"/>
U- 10 1/1/ 2016	Rec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	n/a	24 minutes	4v4	<input type="checkbox"/>	3	\$250	<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"/>

\*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:

☐ 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

*[Signature]*

Date 9/3/2025

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Long Island Junior Soccer League

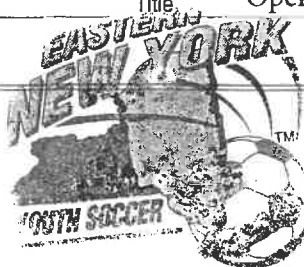
Date 10/16/2025

By

*Sonia Kelly*

Title

Operations Manager



*9-16-25*