



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 35th Annual Greece United FC tournament Website URL: greeceunitedfc.com
 Hosting Organization Greece United FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Marc Dall Title President Phone () 585-732-7655 W
 Address 4618 West Ridge Road Email greeceunitedfc@outlook.com Phone () _____ H
 City Spencerport State NY Zip Code 14559 Phone () _____ FAX
 State Association or Affiliate NY West Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Rochester NY TEAM ENTRY DEADLINE: June 1, 2025
 Date(s) of Tournament or Games June 20-22, 2025 Estimated # of Teams 120
 Tournament or Games Director or Contact Person Marc Dall Phone () _____ W
 Address 174 Images Way Email dallsoccer@outlook.com Phone () 585-732-7655 H
 City Rochester State NY Zip Code 14626 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- 9	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 10	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 11	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U- 12	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	\$550	<input type="checkbox"/>
U- 13	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 14	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U- 15	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 16	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 17	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U- 19	1/1/ Travel / Premier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	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.
 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

Marc Dall

Date 9/5/24

APPROVAL



nly)STATE AFFILIATE

Pam Whitcomb

Date 12/04/2024

By Pam Whitcomb

Title Operations Manager

APPROVED