

The Hazlet United Soccer Association celebrating 50 years of “dedication to our youth” invites you to participate in the Twelfth Annual Frances G. Young Recreational Soccer Tournament and Festival on Saturday and Sunday May 31 and June 1, 2025. The tournament will be held at the Hazlet Soccer Complex on Green Acres Drive in Hazlet.

The tournament will be a USYSA sanctioned event under jurisdiction of the New Jersey State Youth Soccer Association.

Every team will play 4 games. All games to be played in a competitive and friendly atmosphere. No standings will be kept. All children will receive participation awards.

Have a question? Need more information? Find the latest information on line at www.hazletsoccer.org.

REC TEAMS

U14 – January 1, 2011 to December 31, 2011
U13 – January 1, 2012 to December 31, 2012
U12 – January 1, 2013 to December 31, 2013
U11 – January 1, 2014 to December 31, 2014
U10 – January 1, 2015 to December 31, 2015
U9 – January 1, 2016 to December 31, 2016
U8 – January 1, 2017 to December 31, 2017
U7 – January 1, 2018 to December 31, 2018
U6 - January 1, 2019 to December 31, 2019

FEES

U6 – U8 \$400
U9 – U11 \$425
U12 – U14 \$450

FIELD PLAYERS

U6 Will Play 5v5. If coaches agree they can play 6v6.
U7 - U10 Will Play 7v7
U11 – U14 Will Play 9v9

CANCELLATION OF TOURNAMENT

In the event of a cancellation due to Covid-19, a 100% refund will be issued.

Each team must be affiliated with the USYSA and are required to have birth certificates and medical release forms which will be verified at registration. Team Roster: 14 Players for U11 thru U14, 12 Players for U7 thru U10, 10 Players for U6. **NO TRAVEL TEAMS OR CARDED TRAVEL PLAYERS ARE ALLOWED TO PARTICIPATE IN THE TOURNAMENT.**

REGISTRATION

Applications and rosters must be filled out and submitted by_____. The registration fee is \$_____ for all teams. Please make your check payable to HUSA. Once your team has been accepted the entry fee is non-refundable. In the event your team is not accepted your entry fee will be refunded.

2025 TOURNAMENT APPLICATION

Team Name_____ Club Name_____

League_____ Division_____

Coach_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell_____

Asst Coach_____

Address _____

City _____ State _____ Zip _____

Boys _____ Girls _____ Age Group _____

Team Colors _____

I certify that the above information and roster is correct and all players are officially registered by the state association.

Signature _____ Date _____

Deadline for this application is May 8, 2025. Make checks payable to HUSA.

Please mail application and check to the following address:

**Ed Young
Tournament Director
844D Taylor Road
Monroe Township, NJ 08831
908-902-1761
edwardbyoung5@gmail.com**

TEAM ROSTER

NAME OF PLAYER

UNIFORM NUMBER

**BIRTH
CERTIF.**

**MEDICAL
RELEASE**