



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Riverside Spring Kickoff-Girls Website URL: www.abysa.org

Hosting Organization Asheville Buncombe Youth Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Michael P Rottjakob Title Executive Director Phone (828) 299-7277 W

Address PO Box 895 Email miker@abysa.org Phone (828) 778-9524 H

City Asheville State NC Zip Code 28802 Phone (828) 299-0133 FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games John B Lewis Soccer Complex **TEAM ENTRY DEADLINE:** January 16, 2023

Date(s) of Tournament or Games February 4-5, 2023 Estimated # of Teams 40

Tournament or Games Director or Contact Person Bobby Somerville Phone (828) 299-7277 W

Address PO Box 895 Email bobby@abysa.org Phone (828) 216-1820 H

City Asheville State NC Zip Code 28802 Phone (828) 299-0133 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
11U	1/1/	12	S1, S2, S3		x	16	5	60	9	X	3	\$650	
12U	1/1/	11	S1, S2, S3		x	16	5	60	9	X	3	\$650	
13U	1/1/	10	S1, S2, S3		x	22	5	60	11	X	3	\$725	
14U	1/1/	09	S1, S2, S3		x	22	5	60	11	X	3	\$725	

*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 9/15/2022

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

APPROVED



By NCYSA [Signature] Date 11/18/22 Title VP Tournaments