



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games MYSA Spring Shootout Website URL: www.mebanesoccer.us

Hosting Organization MYSA Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Taylor Saxe Title Executive Director Phone 336 2218840 W

Address PO Box 361 Email Taylor.saxe@gmail.com Phone () _____ H

City Mebane State NC Zip Code 27302 Phone () _____ FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Mebane Soccer Complex **TEAM ENTRY DEADLINE:** January 5, 2021

Date(s) of Tournament or Games February 12-14, 2021 Estimated # of Teams 150

Tournament or Games Director or Contact Person Taylor Saxe Phone 336 2218840 W

Address PO Box 361 Email Taylor.saxe@gmail.com Phone () _____ H

City Mebane State NC Zip Code 27302 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
8	U	1/1/	13	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	7	<input checked="" type="checkbox"/>	3	325	<input type="checkbox"/>
9	U	1/1/	12	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	7	<input checked="" type="checkbox"/>	3	325	<input type="checkbox"/>
10	U	1/1/	11	RT, SA, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	7	<input checked="" type="checkbox"/>	3	325	<input type="checkbox"/>
11	U	1/1/	10	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
12	U	1/1/	09	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	495	<input type="checkbox"/>
13	U	1/1/	08	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
14	U	1/1/	07	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
15	U	1/1/	06	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
16	U	1/1/	05	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
17	U	1/1/	04	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>

15 U 1/1/03 S1, S2, S3 x 22 5 70 11 x 3 550
 19 U 1/1/02 S1, S2, S3 x 22 5 70 11 x 3 550

*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 (Open to all Federation affiliated participants)
- 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 President of Hosting Organization [Signature] Date 2/27/20

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA **APPROVED** N.C. YOUTH Date 3/9/2020

By [Signature] Title VP Tournaments

SOCCER ASSOCIATION