



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 NC Fusion Cup Website URL: www.soccer.ncfusion.org
 Hosting Organization North Carolina Fusion Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Gary Gartner Title Tournament Director Phone 336 554-3630 W
 Address 428 Twins Way Email ggartner@ncfusion.org Phone () _____ H
 City Advance State NC Zip Code 27006 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Greensboro, NC TEAM ENTRY DEADLINE: May 11, 2022
 Date(s) of Tournament or Games May 13-15, 2022 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Gary Gartner Phone 336 554-3630 W
 Address 428 Twins Way Email ggartner@ncfusion.org Phone () _____ H
 City Advance State NC Zip Code 27006 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
8-10	U	1/1/	14-12	RT, S1,S2,S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input checked="" type="checkbox"/>	3	\$425	<input type="checkbox"/>
11	U	1/1/	11	RT, S1,S2,S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
12	U	1/1/	10	RT, S1,S2,S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
13	U	1/1/	09	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
14	U	1/1/	08	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
15	U	1/1/	07	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
16	U	1/1/	06	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
17	U	1/1/	05	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
18/19	U	1/1/	04-03	RT, S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>

* ALL FINALS 30 MINUTE HALVES *

*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 _____

Scott Thelton

Date 9/14/21

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By _____

NCYSA

[Signature]



Date 9/21/2021

Title VP Tournaments