



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Autumn Blast Website URL: www.cvysa.org
 Hosting Organization CVYSA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Brian Hefner Title Club President Phone () 828-228-9044 W
 Address PO Box 2115 Email hefner493@gmail.com Phone () _____ H
 City Hickory State NC Zip Code 28602 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games PEPSI SOCCER COMPLEX/NEIL CLARK REC **TEAM ENTRY DEADLINE: OCTOBER 20TH 2023**
 Date(s) of Tournament or Games NOV 4TH-5TH, 2023 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Myron King Phone () 309-807-7870 W
 Address PO Box 2115 Email doc@cvysa.org Phone () _____ H
 City Hickory State NC Zip Code 28602 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/ 15	SA, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	395	<input type="checkbox"/>
U- 10 1/1/ 14	SA, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	395	<input type="checkbox"/>
U- 11 1/1/ 13	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 12 1/1/ 12	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	595	<input type="checkbox"/>
U- 13 1/1/ 11	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	635	<input type="checkbox"/>
U- 14 1/1/ 10	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	635	<input type="checkbox"/>
U- 15 1/1/ 09	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	695	<input type="checkbox"/>
U- 16 1/1/ 08	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	695	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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: US CLUB, AYSO
 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

Brian Hefner

Date 6/27/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



Date 6-28-23

By Susanne Conlon

Title VP Tournaments