



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games NC Rush Beat The Heat Website URL: www.ncrushtriad.com
 Hosting Organization NC Rush Triad Soccer Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Stef Hamilton Title President Phone () 336-558-4865 W
 Address 1624 S Hawthorne rd Email stef.hamilton@northcarolinarush.com Phone () _____ H
 City Winston Salem State NC Zip Code 27103 Phone () 336-760-1207 FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Sara Lee & Hine Soccer Complexes **TEAM ENTRY DEADLINE:** 4/15/2024
 Date(s) of Tournament or Games 4/20 -4/21/2024 Estimated # of Teams 90
 Tournament or Games Director or Contact Person Steve Logren Phone () 804-833-2092 W
 Address _____ Email slogren@rushsoccer.com Phone () _____ H
 City _____ State _____ Zip Code _____ 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- 11U 1/1/ 13	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U- 12U 1/1/ 12	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	50	9	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U- 13U 1/1/ 11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 14U 1/1/ 10	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 15U 1/1/ 09	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 16U 1/1/ 08	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 17U 1/1/ 07	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 18U 1/1/ 06	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<input type="checkbox"/>
U- 19U 1/1/ 05	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	800	<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: _____
 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 [Signature] Date 08/07/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA  Date Aug. 15, 2023
 By Susanne Conlon Title VP Tournaments