



A Proud Member of US Soccer
 Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Riverside Summer Shootout-Boys Website URL: www.abysa.org
 Hosting Organization Highland Football Club Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Mike Rottjakob Title Executive Director Phone () _____ W
 Address PO Box 895 Email bobby@abysa.org Phone () 828-778-9524 H
 City Asheville State NC Zip Code 28802 Phone () _____ FAX
 State Association or Affiliate North Carolina Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Asheville, NC Sites **TEAM ENTRY DEADLINE: August 5, 2024**
 Date(s) of Tournament or Games August 17-18, 2024 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Bobby Somerville Phone () _____ W
 Address PO Box 895 Email bobby@abysa.org Phone () 828-216-1820 H
 City Asheville State NC Zip Code 28802 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- 11 1/1/ 14	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 12 1/1/ 13	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 13 1/1/ 12	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 14 1/1/ 11	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 15 1/1/ 10	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 16 1/1/ 09	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 17 1/1/ 08	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 18 1/1/ 07	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 19 1/1/ 06	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$850	<input type="checkbox"/>
U- 10 1/1/ 15	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17	5	50	7	<input checked="" type="checkbox"/>	3	\$500	<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 *U.P.H.* Date 11/17/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA  Date 12-1-23
 By Susanne Conlon Title VP Tournaments