



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

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Beast of the East Website URL: www.pgsasoccer.com
 Hosting Organization Pitt-Greenville Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Leslie Lewis Title Tournament Director Phone () 2524125812 W
 Address P.O. Box 3915 Email leslielewispgsa@gmail.com Phone () _____ H
 City Greenville State NC Zip Code 27836 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Greenville, NC **TEAM ENTRY DEADLINE:** January 10, 2025
 Date(s) of Tournament or Games January 25-26, 2025 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Leslie Lewis Phone () 2524125812 W
 Address 3802 Boxwood Lane Email leslielewispgsa@gmail.com Phone () _____ H
 City Greenville State NC Zip Code 27834 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/ 16 RT, S1, S2, S3, S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input type="checkbox"/>	3	525	<input type="checkbox"/>
U- 10	1/1/ 15 RT, S1, S2, S3, S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	2x25	7	<input type="checkbox"/>	3	525	<input type="checkbox"/>
U- 11	1/1/ 14 RT, S1, S2, S3, S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input type="checkbox"/>	3	650	<input type="checkbox"/>
U- 12	1/1/ 13 RT, S1, S2, S3, S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	2x30	9	<input type="checkbox"/>	3	650	<input type="checkbox"/>
U- 13	1/1/ 12 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U- 14	1/1/ 11 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x35	11	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U- 15	1/1/ 10 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U- 16	1/1/ 09 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U- 17	1/1/ 08 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U- 18/19	1/1/ 07/06 RT, S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	2x40	11	<input type="checkbox"/>	3	750	<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: _____
 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 Designated Official of Hosting Organization

Leslie Lewis

Date

1/28/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



Date

2-2-24

By Susanne Conlon

Title

VP Tournaments