



A Proud Member of US Soccer
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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games PTFC Triad Shootout Website URL: https://www.piedmonttriadfc.org/events/tournaments
 Hosting Organization Piedmont Triad FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Joshua Windley Title Operations Manager Phone () 8646303453 W
 Address 550 Hedgecock Road Email jwindley@piedmonttriadfc.org Phone () _____ H
 City High Point State NC Zip Code 27265 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games High Point/Kernersville, NC **TEAM ENTRY DEADLINE:** February 3, 2025
 Date(s) of Tournament or Games February 15 & 16, 2025 Estimated # of Teams 80
 Tournament or Games Director or Contact Person Joshua Windley Phone () 8646303453 W
 Address PO Box 333 Email jwindley@piedmonttriadfc.org Phone () _____ H
 City Kernersville State NC Zip Code 27285 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-		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 11	1/1/ 2014 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 12	1/1/ 2013 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	\$725	<input type="checkbox"/>
U- 13	1/1/ 2012 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$775	<input type="checkbox"/>
U- 14	1/1/ 2011 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	\$775	<input type="checkbox"/>
U- 15	1/1/ 2010 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 16	1/1/ 2009 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 17	1/1/ 2008 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 18	1/1/ 2007 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$825	<input type="checkbox"/>
U- 19	1/1/ 2006 S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	\$825	<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 Soccer
 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

Joshua Windley

Date 4/28/24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



Date 5/1/24

By Susanne Conlon

Title VP Tournaments