



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

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Fusion Cup Website URL: www.ncfusion.org
 Hosting Organization NC Fusion Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Gary Gartner Title Tournament Dir Phone () 336554-3630 W
 Address 428 Twins Way Email Ggartner@ncfusion.org Phone () _____ H
 City Bermuda Run State NC Zip Code 27006 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Bryan Park **TEAM ENTRY DEADLINE:** May 17/24, 2025 *early/regular*
 Date(s) of Tournament or Games May 17-18, 2025 Estimated # of Teams 400+
 Tournament or Games Director or Contact Person Same as above Phone () _____ W
 Address Same As Above Email _____ 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- 9	1/1/ 16 RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	\$450/\$500	<input type="checkbox"/>
U- 10	1/1/ 15 RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	\$450/\$500	<input type="checkbox"/>
U- 11	1/1/ 14 RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 12	1/1/ 13 RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 13	1/1/ 12 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	\$775/\$825	<input type="checkbox"/>
U- 14	1/1/ 11 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$775/\$825	<input type="checkbox"/>
U- 15	1/1/ 10 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$825/\$875	<input type="checkbox"/>
U- 16	1/1/ 09 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$825/\$875	<input type="checkbox"/>
U- 17	1/1/ 08 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$825/\$875	<input type="checkbox"/>
U- 18/19	1/1/ 07/06 RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$825/\$875	<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

[Handwritten Signature]

Date 6-15-24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



Date 6-25-24

By Susanne Conlon

Title VP Tournaments