



Please Type or Print Clearly - Do Not Staple

**APPLICATION TO HOST A TOURNAMENT OR GAMES**

Name of Tournament or Games Southern Soccer Showcase Website URL: www.ncfusion.org  
 Hosting Organization NC Fusion Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Gary Gartner Title Director of Tournaments & Events Phone ( ) 336-554-3630 W  
 Address 6015 Townsend Rd Email Ggartner@ncfusion.org Phone ( ) \_\_\_\_\_ H  
 City Brown Summit State NC Zip Code 27214 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate NCYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Bryan Park | Truist Sports Park **TEAM ENTRY DEADLINE:** Jan 23/30 early/regular  
 Date(s) of Tournament or Games Feb 21-23, 2025 Estimated # of Teams 250+  
 Tournament or Games Director or Contact Person Same as above Phone ( ) \_\_\_\_\_ W  
 Address \_\_\_\_\_ 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- 11 1/1/ 14	RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	725/750	<input type="checkbox"/>
U- 12 1/1/ 13	RT, S1-S3, SA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	725/750	<input type="checkbox"/>
U- 13 1/1/ 12	RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input checked="" 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	60	11	<input checked="" 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 checked="" 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	80	11	<input type="checkbox"/>	2/3	725/925	<input type="checkbox"/>
U- 16 1/1/ 09	RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	2/3	725/925	<input type="checkbox"/>
U- 17 1/1/ 08	RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	2/3	725/925	<input type="checkbox"/>
U- 18 1/1/ 07	RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	2/3	725/925	<input type="checkbox"/>
U- 19 1/1/ 06	RT, S1-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input type="checkbox"/>	2/3	725/925	<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

Date 6/15/24

**APPROVAL**



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA

Date 6-25-24

By Susanne Conlon

Title VP Tournaments