



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 Triangle United Fall Classic Website URL: www.triangleunited.org
 Hosting Organization Triangle United Soccer Assn. Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Mike Strand Title Executive Director Phone () 919-730-1136 W
 Address PO Box 2321 Email mstrand@triangleunited.org Phone () _____ H
 City Chapel Hill State NC Zip Code 27515 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Greater Chapel Hill area **TEAM ENTRY DEADLINE:** Aug 14, 2024
 Date(s) of Tournament or Games Aug 23-25, 2024 Estimated # of Teams 180
 Tournament or Games Director or Contact Person Mike Strand Phone () 9197301136 W
 Address PO Box 2321 Email mstrand@triangleunited.org Phone () _____ H
 City Chapel Hill State NC Zip Code 27515 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/ 2016	S1,S2,S3,SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7v7	<input checked="" type="checkbox"/>	3	\$695	<input type="checkbox"/>
U- 10 1/1/ 2015	S1,S2,S3,SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7v7	<input checked="" type="checkbox"/>	3	\$695	<input type="checkbox"/>
U- 11 1/1/ 2014	S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9v9	<input checked="" type="checkbox"/>	3	\$745	<input type="checkbox"/>
U- 12 1/1/ 2013	S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9v9	<input checked="" type="checkbox"/>	3	\$745	<input type="checkbox"/>
U- 13 1/1/ 2012	S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11v11	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 14 1/1/ 2011	S1,S2,S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11v11	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 15 1/1/ 2010	S1,S2,S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11v11	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 16 1/1/ 2009	S1,S2,S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11v11	<input checked="" type="checkbox"/>	3	\$795	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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

Michael Strand
EXECUTIVE DIRECTOR, TRIANGLE UNITED

Date 7/10/2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By NCYSA
Susanne Conlon



Date 7-15-24

Title VP Tournaments