



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Queen of the Mountain Website URL: www.hcsoccer.com
 Hosting Organization High Country Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Rick Suyao Title Executive Director Phone (704) 968-7573 C
 Address 805 State Farm Road., Ste. 301 Email rick@hcsoccer.com Phone (828) 386-1215 W
 City Boone State NC Zip Code 28607 Phone () _____ FAX
 State Association or Affiliate NC Youth Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Boone, NC **TEAM ENTRY DEADLINE:** April 18, 2025
 Date(s) of Tournament or Games April 26 & 27, 2025 Estimated # of Teams 40
 Tournament or Games Director or Contact Person Marco Fonseca Phone (919) 413-3526 C
 Address HCSA, 805 State Farm Road., Ste. 301 Email marco@hcsoccer.com Phone (828) 386-1215 W
 City Boone State NC Zip Code 29607 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/	RT, S2, S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9v9	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U	12	1/1/	RT, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9v9	<input checked="" type="checkbox"/>	3	\$650	<input type="checkbox"/>
U	13	1/1/	RT, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U	14	1/1/	RT, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U	16	1/1/	RT, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U	19	1/1/	RT, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<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"/>
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 (Open to all Federation affiliated participants)
- 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 President of Hosting Organization *Rick Suyao* Date Oct. 18, 2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



By Susanne Conlon

Date Nov. 11, 2024
 Title VP Tournaments