

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Explosion Cup Website URL: _____

Hosting Organization WYSA Type of Tournament ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Richard Frazier Title Tournament Director Phone (252) 296-3360 W

Address PO Box 3112 Email wysajoymosley@gmail.com Phone (252) 205-2862 H

City Wilson State NC Zip Code 27895 Phone () _____ FAX _____

State Association or Affiliate Wilson Youth Soccer Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Gillette Soccer Complex **TEAM ENTRY DEADLINE:** September 17, 2025

Date(s) of Tournament or Games September 27th & 28th Estimated # of Teams 100

Tournament or Games Director or Contact Person Richard Frazier Phone (252) 296-3360 W

Address PO Box 3112 Email rfrazier@wilsonnc.org Phone (252) 205-2862 H

City Wilson State NC Zip Code 27895 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 10 16	S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2X25	7	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U 11 15	S2, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	2X30	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U 12 14	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	2X30	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U 13 13	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 14 12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 15 11	S1, S2, S3		<input checked="" type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 16 10	S1, S2, S3		<input checked="" type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 17 09	S1, S2, S3		<input checked="" type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 18 08	S1, S2, S3		<input checked="" type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U 19 07	S1, S2, S3		<input checked="" type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<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.

R

Signature of President of Hosting Organization

PF

Date 7-1-25
pd 7/14/25

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

NCYSA

APPROVED



Date

7/15/25

By

LWH

Title

NCYSA - Tournaments