



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Foothills Classic Website URL: www.cvysa.org
 Hosting Organization CVYSA Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec
 Designate Official of Hosting Organization Ryan Pow Title Director of Coaching Phone () _____ W
 Address 5655 Sweet Bay Ln Email ben@wgtmerch.com Phone () 913-605-3182 H
 City Hickory State NC Zip Code 28601 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Pepsi Regional Soccer Complex TEAM ENTRY DEADLINE: April 3rd, 2026
 Date(s) of Tournament or Games May 2-3, 2026 Estimated # of Teams 90
 Tournament or Games Director or Contact Person Ryan Pow Phone () _____ W
 Address 5655 Sweet Bay Ln Email doc@cvysa.org Phone () 913-605-3182 H
 City Hickory State NC Zip Code 28601 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- 8 1/1/ 18	SA, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	3	50	7	<input type="checkbox"/>	3	\$400	<input type="checkbox"/>
U- 9 1/1/ 17	SA, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input type="checkbox"/>	3	\$500	<input type="checkbox"/>
U- 10 1/1/ 16	SA, S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input type="checkbox"/>	3	\$500	<input type="checkbox"/>
U- 11 1/1/ 15	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$690	<input type="checkbox"/>
U- 12 1/1/ 14	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$690	<input type="checkbox"/>
U- 13 1/1/ 13	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$740	<input type="checkbox"/>
U- 14 1/1/ 12	S2, S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$740	<input type="checkbox"/>
U- 15 1/1/ 11	S2, S3, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$800	<input type="checkbox"/>
U- 16 1/1/ 10	S2, S3, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$800	<input type="checkbox"/>
U- 17-19 1/1/ 09-07	S2, S3, RT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$800	<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: USSSA, US CLUB, AYSO
- ☐ 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

Ryan Pow

Date 12/16/2025
complete 1/5/25

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By W/H

NCYSA



Date 1-6-25

Title NCYSA Tournaments