



A Proud Member of US Soccer  
Affiliated with the Federation International de Football Association

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## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Game: Appalachian Classic

Website URL: 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 (828) 386-1215 W

Address 805 State Farm Road

rick@hcsoccer.com

Phone (704) 968-7573 C

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: 8/8/26

Date(s) of Tournament or Games August 22 & 23, 2026

Estimated # of Teams 40

Tournament or Games Director or Contact Person: Marco Fonseca

Phone (828) 386-1215 W

Address: HCSA, 805 State Farm Road, Ste. 301

Email: marco@hcsoccer.com

Phone (919) 413-3526 H

City: Boone

State NC

Zip Code: 28607

Phone ( )                      FAX

*\*Note seasonal yr. age groups beginning 8/1/26*

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 8/1/ <u>15</u>	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 8/1/ <u>14</u>	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 8/1/ <u>13</u>	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 8/1/ <u>12</u>	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 8/1/ <u>10</u>	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 8/1/ <u>07</u>	RT, S2, S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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: \_\_\_\_\_

☐ 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: *Rick Suyao*

Date: December 7, 2025  
Complete 1-6-26

### APPROVAL

(For Official Use Only) STATE  
ASSOCIATION OR AFFILIATE

NCYSA

By

*LMH*



Date

1-8-26

Title

NCYSA Tournaments