



Please Type or Print Clearly - Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games King 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 4, 2026  
 Date(s) of Tournament or Games April 18 & 19, 2026 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/	15	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/	14	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/	13	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	15	1/1/	11	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	17	1/1/	09	RT, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	70	11v11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U	19	1/1/	07	RT, S2, S3	<input checked="" type="checkbox"/>	<input 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.

Oct

Signature of President of Hosting Organization *Rick Suyao*

Date Dec. 7, 2025  
complete 1-6-26

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



By *LWT*

Date 1-8-26

Title NCYSA Tournaments