



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 Games Impact FC Crossroads Classic Website URL: https://soccer.sincsports.com/TTContent.aspx?tid=1CRDCC&tab=1
 Hosting Organization Impact FC Type of Tournament: ☒ Select ☐ Recreational ☒ Select & Rec
 Designate Official of Hosting Organization Craig Hollis Title Executive Director Phone () 203-628-5456 W
 Address PO BOX 332 Email director@impactfcnc.com Phone () H
 City Statesville State NC Zip Code 28687 Phone () FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Statesville, Mooresville **TEAM ENTRY DEADLINE:** April 17th, 2026
 Date(s) of Tournament or Games May 16th & 17th, 2026 Estimated # of Teams 70-150
 Tournament or Games Director or Contact Person Craig Hollis/ Marty Haneline Phone () 980-549-0388 W
 Address PO BOX 332 Email ifccrossroads@gmail.com Phone () H
 City Statesville State NC Zip Code 28687 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- 7-8 1/1/ '18-'19	RT, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	5	48	7	<input type="checkbox"/>	3	\$460/\$510	<input type="checkbox"/>
U- 9 1/1/ '17	RT, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	48	7	<input type="checkbox"/>	3	\$600/\$650	<input type="checkbox"/>
U- 10 1/1/ '16	S3, RT, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	48	7	<input type="checkbox"/>	3	\$600/\$650	<input type="checkbox"/>
U- 11 1/1/ '15	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$675/\$725	<input type="checkbox"/>
U- 12 1/1/ '14	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	\$675/\$725	<input type="checkbox"/>
U- 13 1/1/ '13	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 14 1/1/ '12	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 15 1/1/ '11	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 16 1/1/ '10	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$725/\$775	<input type="checkbox"/>
U- 17-19 1/1/ '07-'09	S1,S2,S3, RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	\$775/\$825	<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: _____
☐ 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

Craig Hollis

Date 12/1/25

complete 1-11-26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA

By *[Signature]*



Date 1-15-26

Title NCYSA Tournaments