



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Fall Champions Cup Website URL: www.mebaneyouthsoccer.com

Hosting Organization Mebane Youth Soccer Association Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Taylor Saxe Title Executive Director Phone () 336-221-8840 W

Address PO Box 361 Email Taylor@mebaneyouthsoccer.com Phone () _____ H

City Mebane State NC Zip Code 27302 Phone () _____ FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Mebane **TEAM ENTRY DEADLINE: October 7, 2026**

Date(s) of Tournament or Games November 7-8, 2026 Estimated # of Teams 150

Tournament or Games Director or Contact Person Taylor Saxe Phone () 336-221-8840 W

Address PO Box 361 Email Taylor@mebaneyouthsoccer.com Phone () _____ H

City Mebane State NC Zip Code 27302 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 8/1 18	RT, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	50	4	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 9 8/1 17	RT, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 10 8/1 16	RT, SA, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 11 8/1 15	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 12 8/1 14	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input checked="" type="checkbox"/>	3	725	<input type="checkbox"/>
U- 13 8/1 13	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 14 8/1 12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	775	<input type="checkbox"/>
U- 15 8/1 11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 16 8/1 10	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
U- 17 8/1 09	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	825	<input type="checkbox"/>
18/19 07	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	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: _____
- ☐ 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

Taylor Saxe

Date 1/9/26

Complete 1-12-26

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA

By

[Signature]



Date

1-21-26

Title

NCYSA Tournaments