



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



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Riverside Senior Girls Showcase Website URL: www.abysa.org

Hosting Organization Asheville Buncombe Youth Soccer Association Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Michael P Rottjakob Title Executive Director Phone (828) 299-7277 W

Address PO Box 895 Email miker@abysa.org Phone (828) 778-9524 H

City Asheville State NC Zip Code 28802 Phone (828) 299-0133 FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No

Location of Tournament or Games Buncombe County Sports Park **TEAM ENTRY DEADLINE:** November 16, 2026

Date(s) of Tournament or Games December 5-6, 2026 Estimated # of Teams 36

Tournament or Games Director or Contact Person Bobby Somerville Phone (828) 299-7277 W

Address PO Box 895 Email bobby@abysa.org Phone (828) 216-1820 H

City Asheville State NC Zip Code 28802 Phone (828) 299-0133 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
16U	8/1/	10	S1, S2, S3		x	22	5	80	11	no	3	\$750	no
17U	8/1/	09	S1, S2, S3		x	22	5	80	11	no	3	\$750	no
18U	8/1/	08	S1, S2, S3		x	22	5	80	11	no	3	\$750	no
19U	8/1/	07	S1, S2, S3		x	22	5	80	11	no	3	\$750	no

*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 *li p to* Date 3/2/2026

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA  Date 3-10-26

By *LWA* Title NCYSA Tournaments