



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 Beach Classic Website URL: www.wilmingtonhammerheadsyouth.com
 Hosting Organization Wilmington Hammerheads Youth FC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Erin Frtiz Title Tournament Director Phone () 910-392-0308 W
 Address 404 N 3rd St Ste 204 Email erin@wilmingtonhammerheadsyouth.com Phone () _____ H
 City Wilmington State NC Zip Code 28401 Phone () _____ FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Wilmington NC **TEAM ENTRY DEADLINE:** October 23, 2024
 Date(s) of Tournament or Games 11/23/24-11/24/24 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Erin Fritz Phone () _____ W
 Address same as above Email _____ Phone () _____ H
 City _____ State _____ Zip Code _____ 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/ 14	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	2x30	9	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U- 12 1/1/ 13	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	2x30	9	<input type="checkbox"/>	3	700	<input type="checkbox"/>
U- 13 1/1/ 12	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 14 1/1/ 11	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 15 1/1/ 10	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 16 1/1/ 09	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 17 1/1/ 08	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 18 1/1/ 07	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<input type="checkbox"/>
U- 19 1/1/ 06	S1-S2-S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	2x35	11	<input type="checkbox"/>	3	800	<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 Other US Soccer Members as listed: US Club
 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 *[Signature]* Date 7-22-24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA **APPROVED**  Date 7-25-24
 By Susanne Conbr Title VP Tournaments