



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Clover Cup Website URL: https://soccer.sincsports.com/details.aspx?tid=WILSON
 Hosting Organization WYSA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Richard Frazier Title Tournament Director Phone (252) 296-3360 W
 Address PO Box 3112 Email wysajoymosley@gmail.com Phone (252) 205-2862 H
 City Wilson State NC Zip Code 27895 Phone () _____ FAX _____
 State Association or Affiliate Wilson Youth Soccer Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Gillette Soccer Complex **TEAM ENTRY DEADLINE:** March 6th 2025
 Date(s) of Tournament or Games March 15th & 16th 2025 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Richard Frazier Phone (252) 296-3360 W
 Address PO Box 3112 Email rfrazier@wilsonnc.org Phone (252) 205-2862 H
 City Wilson State NC Zip Code 27895 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	10	15	S3, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	2X25	7	<input checked="" type="checkbox"/>	3	\$500	<input type="checkbox"/>
U	11	14	S2, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	2X30	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U	12	13	S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	2X30	9	<input checked="" type="checkbox"/>	3	\$600	<input type="checkbox"/>
U	13	12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	14	11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	15	10	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2X35	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	16	09	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	17	08	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	18	07	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U	19	06	S1, S2, S3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	4	2X40	11	<input checked="" type="checkbox"/>	3	\$700	<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.

Signature of President of Hosting Organization *RF*

Date 10-28-24

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



By Susanne Conlon

Date 11/14/24

Title VP Tournaments