



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games ADIDAS CUP Website URL: www.charlottesocceracademy.com
 Hosting Organization Charlotte Soccer Academy Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization JOHN BRETZ Title Tournament Director Phone (404) 708 4166 W
 Address 901 Sam Newell Road - E Email admin@charlottesocceracademy.com Phone (404) 708 4166 H
 City Matthews State NC Zip Code 28105 Phone (404) 708 4512 FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Charlotte NC TEAM ENTRY DEADLINE: JAN - 21st 2011
 Date(s) of Tournament or Games Feb 5 & 6th 2011 Estimated # of Teams 200
 Tournament or Games Director or Contact Person JOHN BRETZ Phone (404) 708 4166 W
 Address 901 Sam Newell Road E Email admin@charlottesocceracademy.com Phone (404) 708 4166 H
 City Matthews State NC Zip Code 28105 Phone (404) 708 4512 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 8/11 00	SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	0	50	6	<input type="checkbox"/>	3	500	<input type="checkbox"/>
U- 10 8/11 00	S3 CHALLENGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 11 8/11 99	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 12 8/11 98	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	60	8	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 13 8/11 97	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 14 8/11 96	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 15 8/11 95	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 16 8/11 94	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 17 8/11 93	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>
U- 18 8/11 92	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	575	<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
 Team will be restricted to teams within the national 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, NYSO
 Foreign 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 J. Roslin
PRESIDENT

Date 10/6/10

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE NCYSA Date 11-22-2010
 By [Signature] Title VP Tournaments
 SOCCER ASSOCIATION

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.



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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games ADIDAS CUP (SHOW CASE) Website URL: www.charlottesocceracademy.com
 Hosting Organization Charlotte Soccer Academy Type of Tournament Select Recreational Select & Rec
 Designate Official of Hosting Organization John BRETZ Title Director Phone 704 708 4166 W
 Address 901 Sam Newell Road - E Email admin@charlottesocceracademy.com Phone () h r H
 City Matthews State NC Zip Code 28165 Phone 704 708 4512 FAX
 State Association or Affiliate NCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Charlotte NC TEAM ENTRY DEADLINE: Jan - 21 st 2011
 Date(s) of Tournament or Games Feb 5 + 6 2011 Estimated # of Teams 25
 Tournament or Games Director or Contact Person John Bretz Phone 704 708 4166 W
 Address 901 Sam Newell Road - E Email admin@charlottesocceracademy.com Phone () h r H
 City Matthews State NC Zip Code 28165 Phone 704 708 4512 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-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	8/11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>		
U-	15	95	S1, S2, ODP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	30	11	<input type="checkbox"/>	2	525	<input type="checkbox"/>
U-	16	94	S1, S2, ODP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	6	30	11	<input type="checkbox"/>	2	525	<input type="checkbox"/>
U-	17	93	S1, S2, ODP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	30	11	<input type="checkbox"/>	2	525	<input type="checkbox"/>
U-	18	92	S1, S2, ODP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	6	30	11	<input type="checkbox"/>	2	525	<input type="checkbox"/>

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Signature of Designated Official of Hosting Organization J. Bretz Date 10/18/10
PRESIDENT

APPROVAL
(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE NCYSA **APPROVED** Date 11-22-2010
 By [Signature] N.C. YOUTH Title VP Tournaments
 SOCCER ASSOCIATION

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.