

US YOUTH SOCCER

A proud member of US Soccer

Affiliated with Federation Internationale de Football Association

I. APPLICATION TO TRAVEL

Everyone requesting permission to travel must fill out this section.

Team Name 15U (04) CUSA LADY LIGHTNING G Age Group U- Type of Team Recreational B / G

League or Home Association CUSA State Association or Affiliate NCYSA Team Departure Date //

Team Manager or Coach LOUIS HORNTAL Telephone 252-339-4882 (W)

Address 1930 Rivershore Road Email phornthal@hrem.com 252-339-4882 (H)

City Elizabeth City State NC Zip 27909 252-335-4223 (FAX)

I state that during the dates below, the team has no conflicting playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation.

Signature of Team Manager or Coach _____ Date _____

II. TRAVEL TO A TOURNAMENT

If you are requesting permission to travel to a tournament, you must fill out this section.

A copy of the approved Hosting Agreement or official brochure for this tournament MUST be attached.

We request approval to play in the _____ Tournament, to be held in _____ during the dates of _____

Tournament Director or Contact Person _____ Telephone _____ (W)

Address: _____ Email _____ (H)

City _____ State _____ Zip _____ Country _____ (FAX)

III. TRAVEL TO PARTICIPATE IN GAMES

If you are requesting permission to travel to participate in games, you must complete this section.

A copy of the approved form or, if outside the US, a copy of the official brochure, pamphlet, invitation, or other applicable material about the tournament or games must be attached. We request permission to play games between the dates from 03/16/2019 to 06/15/2019 in the following locations:

OPPONENT	CITY	STATE OR COUNTRY
1. _____		
2. _____		
3. _____		

Hosting Organization Tidewater Advanced Soccer League

Contact Person Teresa Phillips Telephone 757-714-6933 (W)

Address 3200 Dam Neck Road Ste 104 Email teresaphillips@cox.net 757-714-6933 (H)

City Virginia Beach State VA Zip 23453 _____ (FAX)

APPROVAL (For Official Use Only)

State Association or Affiliate North Carolina Youth Soccer Association Date February 21, 2019 By Dabbie Morton Title Assistant Manager In granting this permission to travel, 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.



3/1/01

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I. APPLICATION TO TRAVEL

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Team Name 14U (05) CUSA CAROLINA LIGHTNING Age Group U- Type of Team Recreational B / G

League or Home Association CUSA State Association or Affiliate NCYSA Team Departure Date //

Team Manager or Coach LOUIS HORNTHAL Telephone 252-339-4882 (W)

Address 1930 Rivershore Road Email phornthal@hrem.com 252-336-4882 (H)

City Elizabeth City State NC Zip 27909 252-335-4223 (FAX)

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2. _____	_____	_____
3. _____	_____	_____

Hosting Organization Tidewater Advanced Soccer League

Contact Person Teresa Phillips Telephone 757-714-6933 (W)

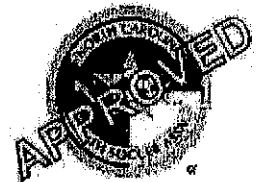
Address 3200 Dam Neck Rd Ste 104 Email teresaphillips@cox.net 757-714-6933 (H)

City Virginia Beach State VA Zip 23453 _____ (FAX)

APPROVAL (For Official Use Only)

State Association or Affiliate North Carolina Youth Soccer Association Date February 21, 2019 By Debbie Norton Title Assistant Manager In granting this permission to travel, 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.

3/1/01



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I. APPLICATION TO TRAVEL

Everyone requesting permission to travel must fill out this section.

Team Name 13U (D6) CUSA ANACONDAS Age Group U- Type of Team Recreational B. / G

League or Home Association CUSA State Association or Affiliate NCYSA Team Departure Date //

Team Manager or Coach PHILLIP HORNTHAL Telephone 252-339-4882 (W)

Address 301 E. Main Street Email phornthal@hrem.com 252-339-4882 (H)

City ELIZABETH CITY State NC Zip 27909 252-335-4223 (FAX)

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Signature of Team Manager or Coach _____ Date _____

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Tournament Director or Contact Person _____ Telephone _____ (W)

Address _____ Email _____ (H)

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Hosting Organization Tidewater Advanced Soccer League

Contact Person Teresa Phillips Telephone 757-714-6933 (W)

Address 3200 Dam Neck Rd Ste 104 Email teresaphillips@cox.net 757-714-6933 (H)

City Virginia Beach State VA Zip 23453 _____ (FAX)

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I. APPLICATION TO TRAVEL

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Team Name 14U (05) CUSA RED WOLVES Age Group U- Type of Team Recreational B / G

League or Home Association CUSA State Association or Affiliate NCYSA Team Departure Date //

Team Manager or Coach PHILIP HORMILTHAL Telephone 252-339-4882 (W)

Address 301 E. Main Street Email phornthal@hrem.com 252-339-4882 (H)

City ELIZABETH CITY State NC Zip 27909 252-335-4223 (FAX)

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I. APPLICATION TO TRAVEL

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Team Name 12U (07) CUSA CAROLINA LIGHTNING Age Group U- Type of Team Recreational B / G

League or Home Association CUSA State Association or Affiliate NCYSA Team Departure Date //

Team Manager or Coach PHILLIP HORNTHAL Telephone 252-339-4882 (W)

Address 301 E. Main Street Email phornthal@hrem.com 252-339-4882 (H)

City ELIZABETH CITY State NC Zip 27909 252-335-4223 (FAX)

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Address 3200 Dam Neck Rd Ste 104 Email teresaphillips@cox.net 757-714-6933 (H)

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