

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 (19U) 02 CUSA Carolina Age Group: 19U Type of Rec Travel B / G
Name: Lightning G Team: Team
League or Home Association: CUSA State Association or Affiliate: NCYSA Departure Date: 1/1/1900
Team Manager or Coach: LOUIS HORNTAL Work: (252) 335-0871 Home: (252) 339-4882
Address: 1930 RIVERSHORE RD Email: phornthal@hrem.com
City: ELIZABETH CITY State: NC Zip: 27909 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: _____ Work: _____ Home: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ 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 9/12/2020 to 11/30/2020 in the following locations:

OPPONENT	CITY	STATE OR COUNTRY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hosting Organization: Tidewater Advanced Soccer League
Contact Person: Steve Danbuskey Work: (757) 714-6933 Home: (757) 714-6933
Address: P.O. Box 16017 Email: tphillips8689@gmail.com
City: Chesapeake State: VA Zip: 23328-6017 Fax:

Approval (For Official Use Only)

State Association or Affiliate **North Carolina Youth Soccer Association** Date **9/10/2020** by **Joette Kivett**
title **Assistant Manager**. In granting 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.

