

# 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 NCYSA Academy 10U OBX Age Group: 10U Type of Academy Travel  /  /

Name: Storm Boys Team: Team

League or Home Association: OBX State Association or Affiliate: NCYSA Departure Date: 1/1/1900

Team Manager or Coach: ALEXIS KELLY Work: (301) 641-8687 Home: (301) 641-8687

Address: 4001 TARKLE RIDGE DR Email: registrar@obxstorm.net

City: KITTY HAWK State: NC Zip: 27949 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 3/20/2021 to 6/1/2021 in the following locations:

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

Hosting Organization: Tidewater Advanced Soccer League - TASL

Contact Person: Steve Danbusky Work: (757) 714-6933 Home: (757) 714-6933

Address: PO BOX 16017 Email: tphillips8689@gmail.com

City: CHESAPEAKE State: VA Zip: 23328 Fax: \_\_\_\_\_

Approval (For Official Use Only)

State Association or Affiliate North Carolina Youth Soccer Association Date 3/8/2021 by Joette Kvett 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.



# US YOUTH SOCCER

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## I. APPLICATION TO TRAVEL

**Everyone requesting permission to travel must fill out this section**

Team NCYSA Academy 11U OBX Age Group: 11U Type of Academy Travel B  / G   
 Name: Starz G Team: Team  
 League or Home Association: OBX State Association or Affiliate: NCYSA Departure Date: 1/1/1900  
 Team Manager or Coach: Eliot Jones Work: (252) 305-7727 Home: (252) 305-7727  
 Address: 310 W Villa Dunes Dr. Email: academy@obxstorm.net  
 City: Nags Head State: NC Zip: 27959 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 3/13/2021 to 5/15/2021 in the following locations:

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

Hosting Organization: Tidewater Area Soccer League (TASL)

Contact Person: Tina Lowry Work: (757) 773-7011 Home: (757) 773-7011  
 Address: 3052 Buckner Blvd Email: tina@beachfc.com  
 City: Virginia Beach State: VA Zip: 23453 Fax: \_\_\_\_\_

Approval (For Official Use Only)

State Association or Affiliate North Carolina Youth Soccer Association Date 3/1/2021 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.



# US YOUTH SOCCER

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## I. APPLICATION TO TRAVEL

**Everyone requesting permission to travel must fill out this section**

Team NCYSA Academy 12U OBX Age Group: 12U Type of Academy Travel B  / G   
 Name: Storm Surge Team: Team  
 League or Home Association: OBX State Association or Affiliate: NCYSA Departure Date: 1/1/1900  
 Team Manager or Coach: Eliot Jones Work: (252) 305-7727 Home: (252) 305-7727  
 Address: 310 W Villa Dunes Dr. Email: academy@obxstorm.net  
 City: Nags Head State: NC Zip: 27959 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 \_\_\_\_\_

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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: \_\_\_\_\_

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

Hosting Organization: Tidewater Advanced Soccer League - TASL

Contact Person: Tina Lowry Work: (757) 773-7011 Home: (757) 773-7011  
 Address: 3052 Buckner Blvd Email: tina@beachfc.com  
 City: Virginia Beach State: VA Zip: 23453 Fax: \_\_\_\_\_

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