

# 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: Alexandra Bucci Work: (724) 516-6762 Home: (724) 516-6762  
Address: 122 Rosewood Ave Email: mcclainaj9699@gmail.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 3/1/2021 to 6/1/2021 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: PO 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 **2/11/2021** 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.





Please Type or Print Clearly – Do Not Staple

**APPLICATION TO HOST A TOURNAMENT OR GAMES**


Name of Tournament or Games TASL SPRING 2021 SEASON Website URL: www.tasl.org  
 Hosting Organization Virginia State Soccer – Beach F C Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Steve Danbuskey Title Executive Director Phone 757 714-6933 W  
 Address P.O. Box 16017 Email Tphillips8689@gmail.com Phone ( ) \_\_\_\_\_ H  
 City Chesapeake State VA Zip Code 23328-6017 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate Virginia Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games SE Virginia/NE North Carolina **TEAM ENTRY DEADLINE:** 2/5/2020  
 Date(s) of Tournament or Games 3/14/2020 through 6/1/2020 Estimated # of Teams 200  
 Tournament or Games Director or Contact Person Teresa Phillips Phone 757 714-6933 W  
 Address P.O. Box 16017 Email Tphillips8689@gmail.com Phone ( ) \_\_\_\_\_ H  
 City Chesapeake State VA Zip Code 23328-6017 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 19	R		X	18	0	80	11	<input type="checkbox"/>	6	0	<input type="checkbox"/>
U											
U											
U											
U											
U											
U											
U		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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  Date 2/10/21

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_