



A Proud Member of US Soccer  
Affiliated with the Federation International de Football Association

Please Type or Print Clearly - Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Clashboro Fall Invitational Website URL: https://randolphasheboroyymca.com/clasheboro-spring-invitational

Hosting Organization Asheboro City Futbol Club Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Joseph Taureck Title Vice President Phone ( ) 338 625 1976 W

Address 343 NC Hwy 42 N Email jtaureck@asheboroyymca.com Phone ( ) 732 500 6647 H

City Asheboro State NC Zip Code 27203 Phone ( )  FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Zoo City Sportsplex TEAM ENTRY DEADLINE: 10/16/2025

Date(s) of Tournament or Games 11/8-9/2025 Estimated # of Teams 42-64

Tournament or Games Director or Contact Person Joseph Taureck/Jonas Nadar Phone ( ) 3386251976 W

Address 343 NC Hwy 42 N Email jtaureck@asheboroyymca.com Phone ( )  H

City Asheboro State NC Zip Code 27203 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- 11 1/1/ 15	S1-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	60	9	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 12 1/1/ 14	S1-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	60	9	<input checked="" type="checkbox"/>	3	650	<input type="checkbox"/>
U- 13 1/1/ 13	S1-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U- 14 1/1/ 12	S1-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	70	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U- 15 1/1/ 11	S1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	80	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 16 1/1/ 10	S1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	80	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 17 1/1/ 09	S1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	80	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 18 1/1/ 08	S1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	80	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 19 1/1/ 07	S1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	2	80	11	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 1/1/		<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 Other US Soccer Members as listed: \_\_\_\_\_
- ☐ 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 Designated Official of Hosting Organization

Date 7/9/25  
pd 7/21/25

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA  
By LWH



Date 7/21/25  
Title NCYSA-Tournaments