



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 CISC Showcase - Girls Website URL: https://soccer.sincsports.com/details.asp  
 Hosting Organization Charlotte Independence SC Type of Tournament:  Select  Recreational  Select & Rec  
 Designate Official of Hosting Organization Tom Ammann Title Director Phone ( ) 8035177 W  
 Address 10228 Bailey Rd, Suite 203 Email toma@independencesoccer.c Phone ( ) \_\_\_\_\_ H  
 City Cornelius State NC Zip Code 28031 Phone ( ) \_\_\_\_\_ FAX  
 State Association or Affiliate SCYSA Guest Referees Applications Accepted  Yes  No  
 Location of Tournament or Games Rock Hill, SC **TEAM ENTRY DEADLINE: January 6, 2024**  
 Date(s) of Tournament or Games January 26-28, 2024 Estimated # of Teams 120  
 Tournament or Games Director or Contact Person Tom Ammann Phone ( ) 8035177 W  
 Address 10228 Bailey Rd Email toma@independencesoccer.c Phone ( ) \_\_\_\_\_ H  
 City Cornelius State NC Zip Code 28031 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-		<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- 13	11 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 14	16 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 15	09 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 16	08 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 17	07 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1050	<input type="checkbox"/>
U- 19	05 S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	1050	<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 Other US Soccer Members as listed: Open to all Federations affiliated Participants
- 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

Thomas Falay

Date 1-8-24  
9/25/2023

**APPROVAL**

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



Date 1-8-24

By Susanne Conlon

Title VP Tournaments