



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

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Race City Classic 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 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: February 10, 2024**
 Date(s) of Tournament or Games March 2-3, 2024 Estimated # of Teams 250
 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- 09 1/1/ 15	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U- 10 1/1/ 14	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	300	<input type="checkbox"/>
U- 11 1/1/ 13	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	740	<input type="checkbox"/>
U- 12 1/1/ 12	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	750	<input type="checkbox"/>
U- 13 1/1/ 11	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 14 1/1/ 10	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 15 1/1/ 09	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 16 1/1/ 08	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 17 1/1/ 07	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	895	<input type="checkbox"/>
U- 19 1/1/ 05	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	895	<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 Faley

Date 1/25/2024

APPROVAL



(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA

Date 2-8-24

By Susanne Conlon

Title VP Tournaments