



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 Boys Fall Classic
 Hosting Organization Charlotte Independence SC
 Designate Official of Hosting Organization Tom Ammann
 Address 936 Market Street Suite 204
 City Fort Mill State SC Zip Code 29708
 State Association or Affiliate NCYSA
 Location of Tournament or Games Huntersville, NC
 Date(s) of Tournament or Games Nov 14 - 15, 2026
 Tournament or Games Director or Contact Person Tom Ammann
 Address Same Email toma@independencesoccer.club
 City _____ State _____ Zip Code _____

Website URL: https://www.independencesoccer.club/boys-fall-classic

Type of Tournament: Select Recreational Select & Rec

Title Director Phone 813-517-7746 W

Email toma@independencesoccer.club Phone () _____ H

Phone () _____ FAX

Guest Referees Applications Accepted Yes No

TEAM ENTRY DEADLINE: 10/25/2026

Estimated # of Teams 200

Phone 813-517-7746 W

Phone () _____ H

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 8/1/ 15	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 12 8/1/ 14	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 13 8/1/ 13	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 14 8/1/ 12	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 15 8/1/ 11	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 16 8/1/ 10	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 17 8/1/ 09	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 19 8/1/ 07	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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: Open to all Federations 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 Designated Official of Hosting Organization

Tom Ammann

Date 3/25/2026

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA

By *LAH*



Date 3-25-26

Title NCYSA Tournaments