



US Youth Soccer/South Carolina Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Coast Spring Classic 11v11 Website URL: http://soccer.sincsports.com/TTContent.

Hosting Organization Coastal District - Coast FA Type of Tournament: ☐ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Heyward Gullledge Title _____ Phone _____ W

Address 551 Mount Gilead Rd Email _____ H

City Murrells Inlet State SC Zip 29576-7717 Fax _____

State Association or Affiliate _____ Guest Referee Applications Accepted: ☐ Yes ☐ No

Location of Tournament or Games Pawleys Island SC **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 04/22/2017 - 04/23/2017 Estimated # of Teams 200

Tournament or Games Director or Contact Person Joel T Banta Phone (843) 458-2558 W

Address 385 Emerson Loop E-mail joelbanta15@gmail.com H

City Pawleys Island State SC Zip 29585-6840 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
C	U12	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U13	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U14	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U15	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U16	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U17	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U18	S1,S2,S3,S4,RT	X	X	18	18	70	11	X	3	650	
C	U19	 	X	X	18	3	70	11	X	3	650	

- ☐ **RT RESTRICTED TOURNAMENT** - US Youth Soccer Members and Affiliates only.
- ☐ Teams will be restricted to teams within the national state association. ☐ Teams will be invited from all US Youth State Associations/Affiliates only.
- ☐ **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- ☐ Foreign 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 _____

APPROVAL

(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE South Carolina Youth Soccer Association Date _____



By [Signature] Title State Commissioner

APPROVED

South Carolina Youth Soccer - 7436 Broad River Rd #211, Irmo, SC 29063

In granting this permission to host a tournament or games, 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.