



US Youth Soccer/South Carolina Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game 22nd Annual Aiken Soccer Cup Website URL: www.aikensoccercup.org

Hosting Organization Midstate District - Bulls Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Jason Gribek Title _____ Phone _____ W

Address 3685 River Watch Pkwy, Ste 145 Email _____ H

City Augusta State GA Zip 30907-0836 Fax _____

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

Location of Tournament or Games Augusta GA **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 08/26/2017 - 08/27/2017 Estimated # of Teams 175

Tournament or Games Director or Contact Person Andrew Scott Hammer Phone (706) 550-2858 W

Address 3685 River Watch Pkwy, Ste 145 E-mail bullsdcc12@gmail.com H

City Augusta State GA Zip 30907-0836 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
A U08	S1, S2, S3, S4, RT	X	X	8	3	50	4	X	3	375	
A U09	S1, S2, S3, S4, RT	X	X	14	3	50	7	X	3	475	
A U10	S1, S2, S3, S4, RT	X	X	14	3	50	7	X	3	475	
A U11	S1, S2, S3, S4, RT	X	X	14	3	50	7	X	3	500	
A U12	S1, S2, S3, S4, RT	X	X	14	3	60	7	X	3	550	
A U13	S1, S2, S3, S4, RT	X	X	18	3	60	11	X	3	625	
A U14	S1, S2, S3, S4, RT	X	X	18	3	60	11	X	3	625	
A U15	S1, S2, S3, S4, RT	X	X	18	3	70	11	X	3	625	
A U16	S1, S2, S3, S4, RT	X	X	18	3	70	18	X	3	625	
A U17	S1, S2, S3, S4, RT	X	X	18	3	80	11	X	3	625	
A U18	S1, S2, S3, S4, RT	X	X	18	3	80	11	X	3	625	
A U19	S1, S2, S3, S4, RT	X	X	18	3	80	11	X	3	625	

- ☐ **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.