



US Youth Soccer/South Carolina Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game 6th Annual Charleston Challenge Cup Website URL: www.usamountpleasant.com

Hosting Organization Coastal District - USA Mount Pleasant Type of Tournament: ☐ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Bunky Wichmann Title _____ Phone (843) 480-4478 W

Address PO Box 946 Email kim.masten@southcarolinasurfsoccer.com H

City Mount Pleasant State SC Zip 29465-0946 Fax _____

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

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

Date(s) of Tournament or Games 02/16/2018 - 02/18/2018 Estimated # of Teams 120

Tournament or Games Director or Contact Person Delete Delete Phone (000) 000-0000 W

Address X _____ E-mail _____ H

City X _____ State SC Zip 00000 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	X	X	12	3	50	7	X	3	525	
A	U09	S1, S2, S3, S4	X	X	12	3	50	7	X	3	525	
A	U10	S1, S2, S3, S4	X	X	14	3	60	9	X	3	600	
A	U10	S1, S2, S3, S4	X	X	12	3	50	7	X	3	525	
A	U11	S1, S2, S3, S4	X	X	14	3	60	9	X	3	600	
A	U12	S1, S2, S3, S4	X	X	14	3	60	9	X	3	600	
A	U13	S1, S2, S3, S4	X	X	18	3	70	11	X	3	700	
A	U14	S1, S2, S3, S4	X	X	18	3	70	11	X	3	700	
A	U15	S1, S2, S3, S4	X	X	18	3	80	11	X	3	700	
A	U16	S1, S2, S3, S4	X	X	18	3	80	11	X	3	550	
A	U17	S1, S2, S3, S4	X	X	18	3	80	11	X	3	550	
A	U18	S1, S2, S3, S4	X	X	18	3	80	11	X	3	550	
A	U19	S1, S2, S3, S4	X	X	18	3	80	11	X	3	550	

- ☐ **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.



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Address PO Box 946 Email kim.masten@southcarolinasurfsoccer.com H

City Mount Pleasant State SC Zip 29465-0946 Fax _____

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

Location of Tournament or Games Mount Pleasant SC **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 02/16/2018 - 02/18/2018 Estimated # of Teams 120

Tournament or Games Director or Contact Person Matt Parmer Phone (843) 480-4478 W

Address PO Box 946 E-mail matt.parmer@southcarolinasurfsoccer.com H

City Mount Pleasant State SC Zip 29465-0946 Fax _____

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