



US Youth Soccer/South Carolina Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game 2017 St. Francis Sports Medicine CESA Classic Website URL: _____

Hosting Organization Piedmont District - CESA Type of Tournament: ☐ Select ☐ Recreational ☐ Select&Rec

Designate Official of Hosting Organization Jack Puckett Title _____ Phone _____ W

Address 18 Boland Ct Email liliana.alvarez@carolinaelitesc.com _____ H

City Greenville State SC Zip 29615-5707 _____ Fax

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

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

Date(s) of Tournament or Games 09/16/2017 - 09/17/2017 Estimated # of Teams 200

Tournament or Games Director or Contact Person Christy Senn Phone (864) 329-1113 W

Address 18 Boland Ct E-mail Christy.senn@carolinaelitesc.com _____ H

City Greenville State SC Zip 29615-5707 _____ 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	U11	X	X	16	3	60mins	9	X	3	595.00	
A	U12	X	X	16	3	60mins	9	X	3	595.00	
C	U12	X	X	18	3	60mins	11	X	3	750.00	
C	U13	X	X	18	3	60mins	11	X	3	750.00	
C	U14	X	X	18	3	60mins	11	X	3	750.00	
C	U15	X	X	18	3	70mins	11	X	3	750.00	
C	U16	X	X	18	3	70mins	11	X	3	750.00	
C	U17	X	X	18	3	70mins	11	X	3	750.00	
C	U18	X	X	18	3	70mins	11	X	3	750.00	
C	U19	X	X	18	3	70mins	11	X	3	750.00	

- ☐ **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.