



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 2024 CESA Spring Challenge Website URL: carolinaelitesc.com
 Hosting Organization Peidmont Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Pearse Tormey Title Executive Director Phone (864) 329-1113 W
 Address 18 Boland Ct Email tormey@aol.com Phone () H
 City Greenville State SC Zip Code 29615 Phone () FAX
 State Association or Affiliate SCYSA Guest Referees Applications Accepted ☒ Yes ☐ No
 Location of Tournament or Games Greenville TEAM ENTRY DEADLINE: April 10, 2024
 Date(s) of Tournament or Games May 4-5, 2024 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Christy Senn Phone (864) 329-1113 W
 Address 18 Boland Ct Email christy.senn@carolinaelitesc.com Phone () H
 City Greenville State SC Zip Code 29615 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- 8	1/1/ 16	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	7	<input type="checkbox"/>	3	595	<input type="checkbox"/>
U- 10	1/1/ 14	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	7	<input type="checkbox"/>	3	595	<input type="checkbox"/>
U- 10	1/1/ 14	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	9	<input type="checkbox"/>	3	695	<input type="checkbox"/>
U- 11	1/1/ 13	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	9	<input type="checkbox"/>	3	695	<input type="checkbox"/>
U- 12	1/1/ 12	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	9	<input type="checkbox"/>	3	695	<input type="checkbox"/>
U- 12	1/1/ 12	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	11	<input type="checkbox"/>	3	795	<input type="checkbox"/>
U- 13	1/1/ 11	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	11	<input type="checkbox"/>	3	795	<input type="checkbox"/>
U- 14	1/1/ 10	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	11	<input type="checkbox"/>	3	795	<input type="checkbox"/>
U- 15	1/1/ 09	S123RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	11	<input type="checkbox"/>	3	795	<input type="checkbox"/>
U-	1/1/		<input checked="" type="checkbox"/>	<input checked="" 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: _____
- ☐ 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 01/19/2024

APPROVAL

(For Official Use Only) STATE
 ASSOCIATION OR AFFILIATE South Carolina Youth Soccer Association Date 2-22-24
 By Title Executive Director