



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 2023 CESA Recreation Fall Festival Website URL: carolinacel.tesc.com  
 Hosting Organization CESA Type of Tournament: ☐ Select ☒ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Pearse Tormey Title Director Phone ( ) 329-1113 W  
 Address 18 Boland Ct Email Tormeycesc.com Phone ( ) 329-1113 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: 10/18/23  
 Date(s) of Tournament or Games November 11-12, 2023 Estimated # of Teams 375  
 Tournament or Games Director or Contact Person Christy Senn Phone ( ) 329-1113 W  
 Address 18 Boland Court Email Christy.senn@carolinael.tesc.com Phone ( ) 329-1113 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3		7	<input checked="" type="checkbox"/>		495 -	<input type="checkbox"/>
U-10 1/1/ 14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3		7	<input checked="" type="checkbox"/>		495 -	<input type="checkbox"/>
U-10 1/1/ 14		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3		9	<input checked="" type="checkbox"/>		550. -	<input type="checkbox"/>
U-12 1/1/ 12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3		9	<input checked="" type="checkbox"/>		550. -	<input type="checkbox"/>
U-12 1/1/ 12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5		11	<input checked="" type="checkbox"/>		645 -	<input type="checkbox"/>
U-15 1/1/ 09		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5		11	<input checked="" type="checkbox"/>		645 -	<input type="checkbox"/>
U-19 1/1/ 09		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5		11	<input type="checkbox"/>		645 -	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input 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: \_\_\_\_\_

International

☐ 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 8/22/23

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By

SC Youth Soccer

Date

8/24/2023

Title

Executive Director

