



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 Independence City Cup Website URL: https://soccer.sincsports.com/details.asi  
 Hosting Organization Charlotte Independence SC Type of Tournament: ☒ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Tom Ammann Title Director Phone ( ) 813-517 W  
 Address 936 Market Street Suite 204 Email toma@independencesoccer.c Phone ( )            H  
 City Fort Mill State SC Zip Code 29708 Phone ( )            FAX  
 State Association or Affiliate NCYSA Guest Referees Applications Accepted ☒ Yes ☐ No  
 Location of Tournament or Games Rock Hill, SC TEAM ENTRY DEADLINE: Feb. 1, 2026  
 Date(s) of Tournament or Games Feb 21 - 22, 2026 Estimated # of Teams 200  
 Tournament or Games Director or Contact Person Tom Ammann Phone ( ) 813-517 W  
 Address Same Email toma@independencesoccer.c Phone ( )            H  
 City            State            Zip Code            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- 9 1/1/ 17	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 10 1/1/ 16	S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	7	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 1/1/		<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
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: Open to all Federations affiliated Participant:
- ☐ 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

Toma Ammann

Date 11/10/2025  
rec'd 11/26/25

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

NCYSA



By LWH

Date 11-25-25

Title NCYSA Tournaments