



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 Girls Fall Classic
 Hosting Organization Charlotte Independence SC
 Designate Official of Hosting Organization Tom Ammann
 Address 936 Market Street Suite 204
 City Fort Mill State SC Zip Code 29708
 State Association or Affiliate NCYSA
 Location of Tournament or Games Huntersville, NC
 Date(s) of Tournament or Games Nov 21 - 22, 2026
 Tournament or Games Director or Contact Person Tom Ammann
 Address Same Email toma@independencesoccer.club
 City _____ State _____ Zip Code _____

Website URL: https://www.independencesoccer.club/girls-fall-classic
 Type of Tournament: Select Recreational Select & Rec
 Title Director Phone 813-517-7746 W
 Email toma@independencesoccer.club Phone () _____ H
 Phone () _____ FAX
 Guest Referees Applications Accepted Yes No
TEAM ENTRY DEADLINE: 11/01/2026
 Estimated # of Teams 200
 Phone 813-517-7746 W
 Phone () _____ H
 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- 11 8/1/ 15	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 12 8/1/ 14	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	795	<input type="checkbox"/>
U- 13 8/1/ 13	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 14 8/1/ 12	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 15 8/1/ 11	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 16 8/1/ 10	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 17 8/1/ 09	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 19 8/1/ 07	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	925	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 8/1/		<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 Participants
- 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 3/25/2026

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE NCYSA

By LWH



Date 3-25-26

Title NCYSA Tournaments