



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Independence Cup Website URL: https://www.independencesoccer.club/independence-cup
 Hosting Organization Charlotte Independence SC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Tom Ammann Title Director Phone 813-517-7746 W
 Address 936 Market Street Suite 204 Email toma@independencesoccer.club 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 Huntersville, NC, Rock Hill, SC **TEAM ENTRY DEADLINE: 08/23/2026**
 Date(s) of Tournament or Games Sep 12-13, 2026 Estimated # of Teams 200
 Tournament or Games Director or Contact Person Tom Ammann Phone 813-517-7746 W
 Address Same Email toma@independencesoccer.club 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- 11 8/1/ 15	S1,S2,S3,S4	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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"/>

*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



Date 3-25-26

Title NCYSA Tournaments