



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games 2011 Women's Select Soccer Shootout Website URL: www.scunitedmountpleasant.com
 Hosting Organization SC United FC Mount Pleasant Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Kevin Carter Title President Phone (843) 730-3468 W
 Address c/o SCUFC-MP PO Box 946 Email kevern917@gmail.com Phone () _____ H
 City Mount Pleasant State SC Zip Code 29465 Phone () _____ FAX
 State Association or Affiliate SCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Charleston County **TEAM ENTRY DEADLINE:** September 9, 2011
 Date(s) of Tournament or Games September 30-October 2, 2011 Estimated # of Teams 75
 Tournament or Games Director or Contact Person Kim Masten Phone 843 810-3278 W
 Address c/o SCUFC-MP PO Box 946 Email kim.masten@scunitedmountpleasant.com Phone () _____ H
 City Mount Pleasant State SC Zip Code 29465 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 8/1/ 03	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	32	4	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U- 9 8/1/ 02	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 10 8/1/ 01	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	50	6	<input checked="" type="checkbox"/>	3	475	<input type="checkbox"/>
U- 10 8/1/ 01	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 11 8/1/ 00	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 12 8/1/ 99	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	8	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 12 8/1/ 99	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 13 8/1/ 98	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 14 8/1/ 97	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 15 8/1/ 96	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	525	<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: US Club & AYSO
 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

Kevin Carter



Date 8/16/11

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

David Lander

Date 8/16/2011

By South Carolina Youth Soccer Title Executive Director



A Proud Member of US Soccer
 Affiliated with the Federation International de Football Association



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U- 16 8/1/ 95	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 17 8/1/ 94	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	525	<input type="checkbox"/>
U- 19 8/1/ 92	S1,S2,S3,S4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	70	11	<input checked="" type="checkbox"/>	3	525	<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"/>
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"/>
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"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

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Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Date _____

By _____ Title _____