



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 Can Am Cup 2012 Website URL: http://gsfymca.demosphere.com
 Hosting Organization Claire Chapin Epps Family YMCA Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization William Coates Title Sports Director Phone (843) 449-9622 W
 Address 5000 Claire Chapin Epps Drive Email williamc@coastalcarolinaymca.org Phone () _____ H
 City Myrtle Beach State SC Zip Code 29577 Phone (843) 449-0970 FAX
 State Association or Affiliate SCYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Myrtle Beach **TEAM ENTRY DEADLINE:** Feb. 17, 2012
 Date(s) of Tournament or Games March 3-4 Estimated # of Teams 100
 Tournament or Games Director or Contact Person William Coates Phone () _____ W
 Address _____ Email _____ Phone () _____ H
 City SAME 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 8/1/	RT, S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 10 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	3	2x25	6	<input checked="" type="checkbox"/>	3	400	<input type="checkbox"/>
U- 11 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x25	8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 12 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	2x25	8	<input checked="" type="checkbox"/>	3	425	<input type="checkbox"/>
U- 13 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 14 8/1/		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	2x30	11	<input checked="" type="checkbox"/>	3	450	<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"/>

*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

William Coates

Date 10-20-11

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

SC Youth Soccer

Date 10/31/11

By Robert D. Myhill

Title Cups and Games Director