



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 United FC Fall Invitational Website URL: unitedfc.soccer

Hosting Organization Furman Youth Association Type of Tournament: ☒ Select ☒ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Bill Martin Title Exec Dir Phone (864) 979-7413 W

Address 1 North Main st 4th floor Email bmartin@unitedfc.soccer Phone () H

City Greenville State sc Zip Code 29601 Phone () FAX

State Association or Affiliate SCYSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Greenville SC TEAM ENTRY DEADLINE: 10/3/25

Date(s) of Tournament or Games 11/1 and 2 Estimated # of Teams 100

Tournament or Games Director or Contact Person Bill Martin Phone (s) 979-7413 W

Address Same as above Email Same as above 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- 8	1/1/ <u>open</u>	☒	☒	12	5	44	7	☐	3	725	☐
U- 10	1/1/ <u>open</u>	☒	☒	12	5	50	7	☐	3	725	☐
U- 12	1/1/ <u>open</u>	☒	☒		5	50	9	☐	3	750	☐
U- 15	1/1/ <u>open</u>	☒	☒	18	5	60	18	☐	3	895	☐
U-	1/1/	☐	☐					☐			☐
U-	1/1/	☐	☐					☐			☐
U-	1/1/	☐	☐					☐			☐
U-	1/1/	☐	☐					☐			☐
U-	1/1/	☐	☐					☐			☐
U-	1/1/	☐	☐					☐			☐

*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: _____
- ☐ 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 9/26/25

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

SC Youth Soccer

Date 10/1/25

By _____

Title Executive Director