



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 Nightmare At The Rock Website URL: \_\_\_\_\_

Hosting Organization South Central Soccer Academy Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Savannah Petty Title Rec and Events Director Phone 317 453-0829 W

Address 705 S St Rd 135 Suite D 124 Email tournaments@scsaindy.com Phone ( ) \_\_\_\_\_ H

City Greenwood State IN Zip Code 46143 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate Indiana Soccer Assoc. Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games 4899 Whiteland Rd Bargarsville, IN 46106 **TEAM ENTRY DEADLINE:** September 20, 2021

Date(s) of Tournament or Games October 22-24 Estimated # of Teams 150

Tournament or Games Director or Contact Person Savannah Petty Phone (317) 453-0829 W

Address Same Email tournaments@scsaindy.com 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/ 14 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	4	40	4	<input type="checkbox"/>	3	175	<input type="checkbox"/>
U-9	1/1/ 13 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	7	<input type="checkbox"/>	3	575	<input type="checkbox"/>
U-10	1/1/ 12 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	7	<input type="checkbox"/>	3	575	<input type="checkbox"/>
U-11	1/1/ 11 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U-12	1/1/ 10 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	625	<input type="checkbox"/>
U-13	1/1/ 9 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-14	1/1/ 8 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	700	<input type="checkbox"/>
U-15	1/1/ 7 S1,S2,S3,S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	700	<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 Soccer
- 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 Savannah Petty Date 4-12-2021

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Indiana Soccer Date June 11, 2021



By Angel Hall Title Associate Director

