



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: https://www.southcentralsocceracademy.com/page/show/7182239-nightmare-at-the-rock

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

Designate Official of Hosting Organization Savannah Petty Title Tournament Director Phone () 3174530829 W

Address 4899 W Whiteland Rd Email tournaments@scsaindy.com Phone () _____ H

City Bargersville State IN Zip Code 46106 Phone () _____ FAX

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

Location of Tournament or Games South Central Soccer Academy TEAM ENTRY DEADLINE: October 1, 2023

Date(s) of Tournament or Games October 20-22, 2023 Estimated # of Teams 150

Tournament or Games Director or Contact Person Savannah Petty Phone () _____ W

Address Same as above Email _____ 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/ 16	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	4	40	4	<input type="checkbox"/>	4	\$200	<input type="checkbox"/>
U- 9 1/1/ 15	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	7	<input type="checkbox"/>	4	\$625	<input type="checkbox"/>
U- 10 1/1/ 14	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	50	7	<input type="checkbox"/>	4	\$625	<input type="checkbox"/>
U- 11 1/1/ 13	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 12 1/1/ 12	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	4	60	9	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 13 1/1/ 11	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 14 1/1/ 10	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 15 1/1/ 09	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	60	11	<input checked="" type="checkbox"/>	3	\$750	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<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: _____
- 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 3/3/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE Indiana Soccer Date June 12, 2023

By Angel Hall  Title Associate Director

