

Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		2015 Ohio Elite Girls College Showcase		Website URL:		www.ohioelite.com	
Hosting Organization		District 1 - Buckeye		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		Jim Sturm		Title		Phone _____ W	
Address		Please update		Email		Phone (123) 456-7890 H	
City		city		State		OH	
				Zip Code		12345	
				Phone		_____ FAX	
State Association or Affiliate				Guest Referees Applications Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Tournament or Games		Cincinnati OH		TEAM ENTRY DEADLINE:			
Date(s) of Tournament or Games		02/20/2015 - 02/22/2015		Estimated # of Teams		170	
Tournament or Games Director or Contact Person		Tim Lesiak		Phone		(513) 659-0023 W	
Address		256 E Sharon Rd		Email		tlesiak@ohioelite.com H	
City		Cincinnati		State		OH	
				Zip Code		45246-4529	
				Phone		(513) 943-9048 FAX	

[illegible]

\*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

Date \_\_\_\_\_

## APPROVAL

(For Official Use Only)STATE  
ASSOCIATION OR AFFILIATE

# Ohio Soccer Association

Date \_\_\_\_\_

By

Title

State Commissioner

