

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	Creek Classic	Website URL:	creekclassic.com
Hosting Organization	Approved - Sanctioned Tournament	Type of Tournament:	<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec
Designate Official of Hosting Organization	Johnn Ankeney	Title	Phone _____ W
Address _____	Email _____	Phone _____	H
City _____	State OH	Zip Code _____	Phone _____ FAX
State Association or Affiliate _____	Guest Referees Applications Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games	Beavercreek OH	TEAM ENTRY DEADLINE:	
Date(s) of Tournament or Games	05/31/2014 - 06/01/2014	Estimated # of Teams	430
Tournament or Games Director or Contact Person	John Ankeney	Phone (937) 427-9452	W
Address 2668 Blue Rock Dr	Email jankeney@sbcglobal.net	Phone _____	H
City Beavercreek	State OH	Zip Code 45434-6408	Phone (937) 427-9465 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

