



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 The Junior Cup Website URL: www.thejuniorcup.com
 Hosting Organization District 3 - New Albany Youth Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Tim Noonan Title _____ Phone _____ W
 Address 7860 Bevelhymmer Rd Email bsmith@naparks.org Phone (614) 939-7275 H
 City New Albany State OH Zip Code 43054-8224 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 05/06/2016 - 05/08/2016 Estimated # of Teams 150
 Tournament or Games Director or Contact Person DupJeffrey WarrenDup Phone (614) 284-9746 W
 Address 268 S Cassady Ave Email oduturfchallenge@aol.com Phone _____ H
 City Columbus State OH Zip Code 43209-1720 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
S1-4 U08		X	X	12	4	50	6	X	3	\$395	
S1-4 U09		X	X	12	4	50	6	X	3	\$395	
S1-4 U10		X	X	12	4	50	6	X	3	\$395	
S1-4 U10		X	X	14	4	50	8	X	3	\$395	
S1-4 U11		X	X	14	4	50	8	X	3	\$395	
S1-4 U12		X	X	14	4	50	8	X	3	\$395	

*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 _____

APPROVAL

(For Official Use Only) STATE
ASSOCIATION OR AFFILIATE

Ohio Soccer Association

Date _____

By _____

Title State Commissioner

