



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Buckeye Cup Website URL: buckeyecup.com
 Hosting Organization District 3 - Newark Area Soccer Assoc. Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Bob Fitzgerald Title _____ Phone _____ W
 Address 600 Baker Blvd Email nasaxtabi@gmail.com Phone (740) 366-7033 H
 City Newark State OH Zip Code 43055-3091 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Newark OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 04/30/2016 - 05/01/2016 Estimated # of Teams 150
 Tournament or Games Director or Contact Person Keith Loughlin Phone (740) 366-7033 W
 Address 600 Baker Blvd Email buckeyecup.oh@gmail.com Phone _____ H
 City Newark State OH Zip Code 43055 Phone (740) 366-7035 FAX

Age Groups Accepted		Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond
S2	U08	UT: S2, S3, S4	X	X	12	5	50	6	X	3	375	
S2	U09	UT: S2, S3, S4	X	X	12	5	50	6	X	3	375	
S2	U10	UT: S2, S3, S4	X	X	12	5	50	6	X	3	375	
S2	U11	UT: S2, S3, S4	X	X	14	5	60	8	X	3	400	
S2	U12	UT: S2, S3, S4	X	X	14	5	60	8	X	3	400	
S2	U13	UT: S2, S3, S4	X	X	18	5	70	11	X	3	425	
S2	U14	UT: S2, S3, S4	X	X	18	5	70	11	X	3	425	

*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

