



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 Fall Ball Classic Website URL: tristatefutbolalliance.com
 Hosting Organization District 1 - Tfa-Western Jr. League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Wash Title _____ Phone _____ W
 Address PO Box 45 Email lhaussler@tfacincinnati.com Phone (513) 467-9910 H
 City Cleves State OH Zip Code 45002-0045 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Cincinnati OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 09/27/2014 - 09/28/2014 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Jim Moorman Phone (513) 451-1585 W
 Address 5668 Annajoe Ct Email jamesmoorman@aol.com Phone _____ H
 City Cincinnati State OH Zip Code 45233-1666 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
S2	U09		X	12	2	50 MIN	6	X	3	450	
S2	U10		X	12	2	50 MIN	6	X	3	500	
S2	U11		X	16	3	50 MIN	8	X	3	500	
S2	U12		X	16/18	3/4	50 MIN	8/11	X	3	500	
S2	U13		X	18	4	50 MIN	11	X	3	525	
S2	U14		X	18	4	50 MIN	11	X	3	525	

*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

