APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games **Warren County College Invitational** Website URL: **warrencountysa.com**

Hosting Organization **District 3 - Buckeye Premier Youth Soccer** Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization **Jim Sturm** Title ____ Phone ____ W

Address **670 Lakeview Plaza Blvd Ste D** Email **jimsturm@aol.com** Phone **(614) 436-6775** H

City **Worthington** State **OH** Zip Code **43085-4783** Phone ____ FAX

State Association or Affiliate ____ Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games **Mason** **OH** **TEAM ENTRY DEADLINE:** ____

Date(s) of Tournament or Games **05/04/2018 - 05/06/2018** Estimated # of Teams **70**

Tournament or Games Director or Contact Person **Kyle Kosco** Phone **(330) 550-5142** W

Address **PO Box 1150** Email **kyle@wcsoccerclub.com** Phone ____ H

City **Mason** State **OH** Zip Code **45040-6150** Phone ____ 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
S1-4	U15	S1-S4	X	X	18	4	40	11		3	$650	
S1-4	U16	S1-S4	X	X	18	4	40	11		3	$650	
S1-4	U17	S1-S4	X	X	18	4	40	11		3	$650	
S1-4	U18	S1-S4	X	X	18	4	40	11		3	$650	
S1-4	U19	S1-S4	X	X	18	4	40	11		3	$650	

*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**

OHIO SOCCER ASSOCIATION APPROVED