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## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Dublin Charity Cup Website URL: www.DublinSoccer.net  
 Hosting Organization District 3 - Dublin Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Ted Oiler Title \_\_\_\_\_ Phone (614) 793-8320 W  
 Address PO Box 501 Email office@dublinsoccer.net Phone (614) 793-8320 H  
 City Dublin State OH Zip Code 43017-0501 Phone (614) 793-9626 FAX  
 State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
 Location of Tournament or Games Dublin OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
 Date(s) of Tournament or Games 09/02/2017 - 09/03/2017 Estimated # of Teams 130  
 Tournament or Games Director or Contact Person John Muir Phone (614) 793-8320 W  
 Address PO Box 501 Email CharityCup@DublinSoccer.net Phone \_\_\_\_\_ H  
 City Dublin State OH Zip Code 43017 Phone (614) 793-9626 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 U09	All	X	X	14	4	50	7	X	3	465	
S1-4 U10	All	X	X	14	4	50	7	X	3	465	
S1-4 U11	All	X	X	16	4	50	9	X	3	485	
S1-4 U12	All	X	X	16	4	50	9	X	3	485	
S1-4 U13	All	X	X	18	4	60	11	X	3	510	
S1-4 U15	All	X	X	18	4	60	11	X	3	510	

\*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

