



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Tomato Cup Soccer Challenge Website URL: http://www.tomatocup.org
 Hosting Organization District 3 - Mid-Ohio Select Soccer League 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 Reynoldsburg OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 09/20/2014 - 09/21/2014 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Mandy Wyatt-Hasson Phone (614) 554-1672 W
 Address 1272 Hanson St Email acmh90401@me.com Phone _____ H
 City Reynoldsburg State OH Zip Code 43068-4717 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	X		2					\$400	
S2	U10	X	X		2					\$400	
S2	U11	X	X		3					\$425	
S2	U12	X	X		3					\$425	
S2	U13	X	X		4					\$450	
S2	U14	X	X		4					\$450	
S2	U15	X	X		4					\$450	

*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

