

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		Van Buren Fall Classic		Website URL:			
Hosting Organization		District 1 - Van Buren Youth Soccer Assn		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		Stephanie Bisbee		Title		Phone _____ W	
Address		7228 Columbia Rd, Ste 900		Email		Phone (740) 819-8844 H	
City		Maineville		State		OH Zip Code 45039-8088 Phone _____ FAX	
State Association or Affiliate				Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		Van Buren OH		TEAM ENTRY DEADLINE:			
Date(s) of Tournament or Games		10/11/2024 - 10/13/2024		Estimated # of Teams		50	
Tournament or Games Director or Contact Person		Brooke Kaufman		Phone		(419) 575-2249 W	
Address		12829 SR-613		Email		vbysatournament@gmail.com H	
City		Van Buren		State		OH Zip Code 45889 Phone _____ FAX	

[illegible]

*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

