

Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games				Riverdale Spring Classic U8/U10				Website URL:																							
Hosting Organization				District 1 - Black Swamp Soccer League				Type of Tournament:				<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec																			
Designate Official of Hosting Organization				Brittany Alge				Title				Phone				W															
Address				7228 Columbia Rd, Ste 900				Email				Phone				(513) 576-9555				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				Wharton				OH				TEAM ENTRY DEADLINE:																			
Date(s) of Tournament or Games				05/10/2024 - 05/12/2024				Estimated # of Teams				60																			
Tournament or Games Director or Contact Person				Chad Mowery				Phone				(419) 722-1997				W															
Address				7380 Township Highway 79				Email				director@riverdaleyouthsoccer.com				Phone				H											
City				Wharton				State				OH				Zip Code				43359				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

