



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Cincinnati Elite Spring Thaw Website URL: http://kingshammer.com/tournaments/  
 Hosting Organization District 1 - Greater Cincinnati Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Jim Waldron Title \_\_\_\_\_ Phone \_\_\_\_\_ W  
 Address 188 Hidden Hills Dr Email gcsoccer1@gmail.com Phone \_\_\_\_\_ H  
 City Fairfield State OH Zip Code 45014-8606 Phone \_\_\_\_\_ FAX  
 State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
 Location of Tournament or Games Wilder OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
 Date(s) of Tournament or Games 03/16/2018 - 03/18/2018 Estimated # of Teams 236  
 Tournament or Games Director or Contact Person Jeremy Robertson Phone (859) 442-5800 W  
 Address 1018 Town Dr. Email jeremy@kingshammer.com Phone \_\_\_\_\_ H  
 City Wilder State OH Zip Code 41076 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	U09	S1	X	X	16	3	25	7v7	X	3	\$650.00	
S1	U10	S1	X	X	16	3	25	7v7	X	3	\$650.00	
S1	U11	S1	X	X	16	3	30	9v9	X	3	\$700.00	
S1	U12	S1	X	X	16	3	30	9v9	X	3	\$700.00	
S1	U13	S1	X	X	22	3	30	11v11	X	3	\$750.00	
S1	U14	S1	X	X	22	3	30	11v11	X	3	\$750.00	

\*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: \_\_\_\_\_
- ☐ 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

