

Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		Ohio Galaxies Boys College Showcase		Website URL:		http://www.ohiogalaxiesshowcase.com	
Hosting Organization		District 2 - Beavercreek Soccer Assn		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		John Ankeney		Title		Phone _____ W	
Address		2668 Blue Rock Dr		Email		jankeney@sbcglobal.net	
City		Beavercreek		State		OH	
Zip Code		45434-6408		Phone		(937) 427-9452 H	
State Association or Affiliate				Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		Dayton		OH		TEAM ENTRY DEADLINE:	
Date(s) of Tournament or Games		03/18/2016 - 03/20/2016		Estimated # of Teams		120	
Tournament or Games Director or Contact Person		Steve Pitchel		Phone		(937) 231-6819 W	
Address		5970 Mad River Rd		Email		steve@ohiogalaxies.com	
City		Dayton		State		OH	
Zip Code		45459-1559		Phone		_____ H	
				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

