



US Youth Soccer/Ohio South Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game KOLPING SETH STEVENS MEMORIAL Website URL: WWW.KOLPINGSETHSTEVENS.COM
 Hosting Organization District 1 - Cincinnati United Soccer League Type of Tournament: Select Recreational Select&Rec
 Designate Official of Hosting Organization JIM WALDRON Title _____ Phone _____ W
 Address 8108 Cabinet Cir Email jsewaldron@gmail.com (513) 474-2197 H
 City Cincinnati State OH Zip 45244-2720 Fax _____
 State Association or Affiliate _____ Guest Referee Applications Accepted: Yes No
 Location of Tournament or Games Cincinnati OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 05/19/2017 - 05/21/2017 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Ron Hughes Phone (513) 259-8584 W
 Address 4303 Ivanhoe Ave E-mail KOLPINGSETHSTEVENS@YAHOO. H
 City Cincinnati State OH Zip 45212-2915 (513) 259-8584 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	
S1-4	U08	ALL	X	X	14	3	50	7	X	3	550	
S1-4	U09	ALL	X	X	14	3	50	7	X	3	550	
S1-4	U10	ALL	X	X	14	3	50	7	X	3	550	
S1-4	U11	ALL	X	X	16	3	50	9	X	3	575	
S1-4	U12	ALL	X	X	16	3	50	9	X	3	575	
S1-4	U13	ALL	X	X	18	3	60	11	X	3	600	
S1-4	U14	ALL	X	X	18	3	60	11	X	3	600	
S1-4	U15	ALL	X	X	18	3	60	11	X	3	600	
S1-4	U16	ALL	X	X	18	3	60	11	X	3	600	
S1-4	U17	ALL	X	X	18	3	60	11	X	3	625	
S1-4	U18	ALL	X	X	18	3	60	11	X	3	625	
S1-4	U19	ALL	X	X	18	3	60	11	X	3	625	

- RT RESTRICTED TOURNAMENT** - US Youth Soccer Members and Affiliates only.
 Teams will be restricted to teams within the national state association. Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 Foreign 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 South Youth Soccer Association Date _____



By *Tom Felt* Title State Commissioner

APPROVED

Ohio South Youth Soccer - 25 Whitney Drive, Suite 104, Milford, Ohio 45150

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.