



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Springfield of Dreams Charity Cup Website URL: www.springfieldofdreams.com
 Hosting Organization District 2 - Miami Valley Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Mark Myton Title _____ Phone _____ W
 Address update Email kenb8969@aol.com Phone (937) 555-5555 H
 City Dayton State OH Zip Code 45555 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Springfield OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 08/18/2017 - 08/20/2017 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Scott Cultice Phone (937) 408-7003 W
 Address 5423 Ridgewood Rd W Email scottcop97@gmail.com Phone _____ H
 City Springfield State OH Zip Code 45503-5633 Phone _____ 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	Select	X	X	12	4	50	7	X	3	475.00	
S1-4 U09	Select	X	X	12	4	50	7	X	3	475.00	
S1-4 U10	Select	X	X	12	4	50	9	X	3	475.00	
S1-4 U11	Select	X	X	14	4	50	9	X	3	525.00	
S1-4 U12	Select	X	X	14	4	50	9	X	3	525.00	
S1-4 U13	Select	X	X	18	4	60	11	X	3	575.00	
S1-4 U14	Select	X	X	18	4	60	11	X	3	575.00	

*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: _____
 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

