



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Club Ohio Fall Classic Website URL: www.clubohiofallclassic.com
 Hosting Organization District 3 - Buckeye Premier Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Sturm Title _____ Phone _____ W
 Address 670 Lakeview Plaza Blvd Ste D Email jimsturm@aol.com Phone (614) 436-6775 H
 City Worthington State OH Zip Code 43085-4783 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Dublin OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 11/04/2017 - 11/05/2017 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Sandy Poole Phone (937) 367-9011 W
 Address PO Box 2028 Email nikechallengecup@clubohiosoccer.com Phone _____ H
 City Dublin State OH Zip Code 43017-7028 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	U09	Competitive	X	X	14	3	50	7	X	3	575	
S1-4	U10	Competitive	X	X	14	3	50	7	X	3	575	
S1-4	U11	Competitive	X	X	18	3	60	9	X	3	625	
S1-4	U12	Competitive	X	X	18	3	60	9	X	3	625	
S1-4	U13	Competitive	X	X	18	3	70	11	X	3	675	
S1-4	U14	Competitive	X	X	18	3	70	11	X	3	675	
S1-4	U15	Competitive	X	X	22	3	70	11	X	3	675	

*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

