



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 Ohio Galaxies FC Boys Youth Festival of Soccer Website URL: http://soccer.sincsports.com/TTIntro7.aspx?

Hosting Organization District 2 - Beavercreek Soccer Assn Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization John Ankeney Title \_\_\_\_\_ Phone \_\_\_\_\_ W

Address 2668 Blue Rock Dr Email jankeney@sbcglobal.net Phone (937) 427-9452 H

City Beavercreek State OH Zip Code 45434-6408 Phone (937) 427-9465 FAX

State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Alpha OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_

Date(s) of Tournament or Games 03/28/2015 - 03/29/2015 Estimated # of Teams 60

Tournament or Games Director or Contact Person Nancy Shields Phone (937) 239-5419 W

Address P.O. Box 72 Email info@ohiogalaxies.com Phone \_\_\_\_\_ H

City Alpha State OH Zip Code 45301 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	X		12	12	50	6		3	350	
S1-4	U09	X		12	12	50	6		3	350	
S1-4	U10	X		12	12	50	6		3	350	
S1-4	U11	X		14	14	60	8		3	375	
S1-4	U12	X		14	14	60	8		3	375	
S1-4	U13	X		18	18	70	11		3	400	

\*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

