



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 The Gahanna Fall Open Website URL: http://www.thegahannafallopen.com
 Hosting Organization District 3 - Gahanna Soccer Assoc. Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Tracey Larick Title _____ Phone _____ W
 Address PO Box 307121 Email info@gahannasoccer.com Phone (614) 855-0506 H
 City Gahanna State OH Zip Code 43230-7121 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 08/18/2017 - 08/20/2017 Estimated # of Teams 130
 Tournament or Games Director or Contact Person Ashley Bryant Phone (614) 439-8046 W
 Address PO Box 307121 Email abryant@gahannasoccer.com Phone _____ H
 City Columbus State OH Zip Code 43230-7121 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	All	X	X	14	3	50	7	X	3	475	
S1-4 U10	All	X	X	14	3	50	7	X	3	475	
S1-4 U11	All		X	16	4	50	9	X	3	500	
S1-4 U12	All		X	16	4	50	9	X	3	500	
S1-4 U13	All	X	X	18	4	60	11	X	3	525	
S1-4 U14	All	X	X	18	4	60	11	X	3	525	
S1-4 U15	All	X	X	18	4	60	11	X	3	525	

*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

