



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 Girls 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 03/21/2015 - 03/22/2015 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Nancy Shields Phone (937) 239-5419 W
 Address PO Box 72 Email festival@ohiogalaxies.com Phone _____ H
 City Alpha State OH Zip Code 45301-0072 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 min	6		3	350	
S1-4	U09		X	12	12	50 min	6		3	350	
S1-4	U10		X	12	12	50 min	6		3	350	
S1-4	U11		X	14	14	60 min	8		3	375	
S1-4	U12		X	14	14	60 min	8		3	375	
S1-4	U13		X	18	18	70 min	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

