



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 ODU Turf Challenge Website URL: http://oduturfchallenge.com/  
 Hosting Organization District 3 - New Albany Youth Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Tim Noonan Title \_\_\_\_\_ Phone \_\_\_\_\_ W  
 Address 7860 Bevelhimer Rd Email bsmith@naparks.org Phone (614) 939-7275 H  
 City New Albany State OH Zip Code 43054-8224 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 03/17/2017 - 03/19/2017 Estimated # of Teams 36  
 Tournament or Games Director or Contact Person DupJeffrey WarrenDup Phone (614) 284-9746 W  
 Address 268 S Cassady Ave Email oduturfchallenge@aol.com Phone \_\_\_\_\_ H  
 City Columbus State OH Zip Code 43209-1720 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 U10		X	X	16	16	25	9	X	3	500	
S1-4 U11		X	X	16	16	25	9	X	3	500	
S1-4 U12		X	X	16	16	25	9	X	3	500	

\*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

