

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		BSA Haunted Classic		Website URL:		hauntedclassic.com	
Hosting Organization		District 2 - Beavercreek Soccer Assn		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		John Ankeney		Title		Phone _____ W	
Address		2668 Blue Rock Dr		Email		jankeney@sbcglobal.net	
City		Beavercreek		State		OH	
Zip Code		45434-6408		Phone		(937) 427-9452 H	
State Association or Affiliate				Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		Dayton OH		TEAM ENTRY DEADLINE:			
Date(s) of Tournament or Games		10/17/2014 - 10/19/2014		Estimated # of Teams		560	
Tournament or Games Director or Contact Person		Tim Grinstead		Phone		(937) 313-3889 W	
Address		PO Box 341530		Email		director@hauntedclassic.com	
City		Dayton		State		OH	
Zip Code		45434-1530		Phone		_____ H	
City		Dayton		State		OH	
Zip Code		45434-1530		Phone		_____ FAX	

[illegible]

*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: _____
- ☐ International
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

